funeral director,

90

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

ine by the haspital or attending physicion.

108: After this certificate has been signed by the attending physicion and completely filled in by the detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 prior to burial, cremation, or removal, and in any event within 72 hours offer death.

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10686

		100	94	CERTIF	ICA	ATE OF D	EATH			Reg. Dist	t. No.	
1.	PLACE OF DEATH o. COUNTY	Wicomico		MARYLA	UND	2. USUAL RESID	Mary]	Land	ed. If institution b. COUNTY		e before adm	ission)
	b. CITY OR TOWN (II RURAL and give no	autside corporote limi orati town! Salisbur	ts, write c.	LENGTH OF STAY IN	1 1b			sbury	limits, write RI	JRAL and gi	ive nearest to	wn)
	d. NAME OF HOSPIT OPHNSTITUTION Spring	AL (If not in hospitol, g H111 Pr1			um	R.D.#		ltt Mi	ll Roa	ıd	ON	A FARM?
	NAME OF DECEASED (Type or print)	MIN	ΝΊΕ	LEE		ADA'M	S	4. DATE OF DEATH	SEPT	th •	4th	Yeor 58
	Female	White	WIDOWED]				,1883	3 '	AGE (In years ast birthday) 75 yrs.		Days Haur	
	None - I	N (Give kind of work of ing life, even if retired House Wor	).	Home	INDUS	Virg	inia	or foreign count	(1/1)	U U	S A	T COUNTRY?
	Alfred !							seward				
		R IN U. S. ARMED FOR It yes, give wor or dates of s		CIAL SECURITY NO.	Mrs	FORMANI S MITT	le A Road	Burns Sal	(Daugh sbury	ter)	Right yiana	Merri
	Conditions, if or gove rise to in couse (o), stoling I lying cause lost.	nmediote (	)	ardio.Va	Sec	slar It	ena		seas-	e	ONSET AN	D DEATH
CERTIFICATION		ER SIGNIFICANT CON		NTRIBUTING TO DEAT						EN IN PART	1(a) 19. WAY PERF YES [	ORMED?
MEDICAL CERT	OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJURY  Hour a. m. p. m.	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  Month, Day, Yee		URY OCCURRED 2	Oe. PLA	ACE OF INJURY (Flory, street, office	lome, farm,	20f. (City or		(Ce	aunty)	(State)
	21. I certify the alive on		A. In	and that d	2^ ]	occurred at.  Main St	2:00	alisbu	ry, Mar	nd on the stote) Secrylan	pt.	pate signer
	REMOVA (SEMATIO	Sept.7,	1958	St. John								rylan
	FUNERAL DIRECTOR'S		I SA	ALISBURY	MAI	RYLAND	240. REC'D	P 8 '58		Thun S.		

TO HOSPITAL OR page 3 should the registrar price may be retaine TO FUNERAL DIS

	TE OF DEATH	• • • •	MAN SERVICE	
Colmodia WHEN Inc.			***	
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HEALTH DEPT.

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the conficote, withing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be if order to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained if your files. O FUNERAL Execute Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State 8 of Health, at its designated agent, prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

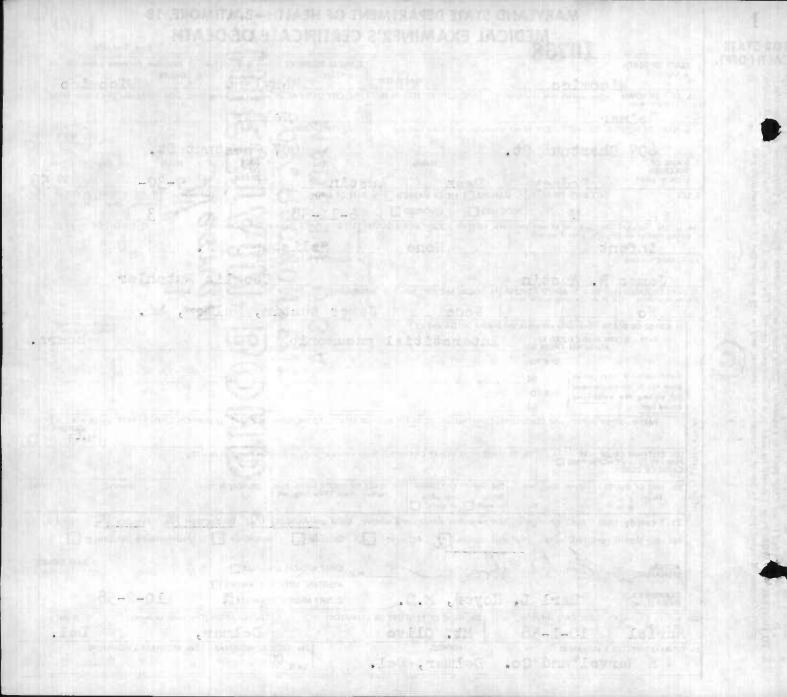
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VS.	A15ME
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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		10738							Reg. Die	t. No.			
o. COUN	Wi	comico		MARY	LAND	2. USUAL RESIDENCE (  o. STATE  Maj	Where decease	b. COUN	ΓΥ	ce before odmission)			
b. CITY (	OR TOWN (If	outside corporale limits, writ	· RURAL	c. LENGTH OF STAY I	N IP	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	Delma						elmar			T			
d. NAME		hestnut		ospital, give street address	)	d. STREET ADDRESS	7 Ches	tnut S	+	e. IS RESIDENCE ON A FARM? YES NO			
3. NAME C		Fire Solido	-	Middle		Lost	4. DATE	Mon		Day Year			
DECEAS (Type or	ED	Rodney	31	Dean	Au	stin	OF DEATH		30-	19 58			
5. SEX		6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	8.	DATE OF BIRTH	-	9. AGE (In years lost birthday)	IF UNDER 1				
	M	W	WIDOW	ED DIVORCED [		6-11-58		yrs.	Months D	Days Hours Min.			
			done 10b.	KIND OF BUSINESS OR I	NDUSTR		e or foreign co	ountry)	12. CITIZ	EN OF WHAT COUNTRY			
during m	infan	g life, even if retired)		None		Salis	hurv.	Md.	TI	SA			
13. FATHER						14. MOTHER'S MAIDEN							
-	ames	R. Austin	2				Cenel	ia Mut	ohlan				
15. WAS D	ECEASED EV	ER IN U. S. ARMED FO	RCES? 16	S. SOCIAL SECURITY NO.	17. IN	FORMANT	Oece.	Addres					
[Yes, no. or we		(If yes, give war or dotes of	service)	None	Т	omes Anst	in De	Iman	MA				
110 CA	NO L	TH [Enter only one co	ne per lie		1 0	ames Aust:	TITE DE	THIST.	riu.	INTERVAL BETWEEN			
		TH WAS CAUSED BY:	Т	nterstitis	1 p	neumonia				hours.			
5	525x DUE TO												
Condi	Conditions, if any, which) (b)												
gove :	rise to immed	diote couse											
	(a), stoting the underlying DUE TO												
CATION	PART II, OTH	IER SIGNIFICANT CON	IDITIONS (	CONTRIBUTING TO DEATH	BUTN	OT RELATED TO THE TERM	AINAL DISEASI	CONDITION GI	VEN IN PART	I(o) 19. WAS AUTOPSY PERFORMED? YER NO			
200. E)	KTERNAL CAL RY OF COL OF DEATH.	USE WAS NTRIBUTING []	b. DESCRI	BE HOW INJURY OCCUR	RED. (En	ter noture of injury in Pa	et I or Port II	of item 18.)		The state of the s			
0	ME OF INJUI	RY Month, Day, Ye	Wh		e. PLAC factor	E OF INJURY (Home, for y, street, affice bldg., etc	m, 20f. (City	or town)	(Cour	nty) (State)			
21. 1	certify th	at I took charge	of the	remains described	abov	e, held an Autop	sy [X], Ir	spection X	, Inquiry	and in my			
				causes . Accid			Homicide	-	ermined m				
ACTU. SIGNA		Enli	- 1	nu-		M.D. CHIEF MEDICAL E	-			DATE SIGNED			
	INER'S E (Type)	Earl :	L. R	oyer, M.D.		DEPUTY MEDICAL			10-2-	58			
220. BURIA PEMO Bur	L CREMATIC VAL (Specify)	10-1-5	^	Mt. Oliv		REMATORY	Delr	ION (City, tawn,	or county)	(State) Del.			
23. FUNER	AL DIRECTOR	'S SIGNATURE		ADDRESS			D BY REGIST	7.60	ISTRAR'S SIGI				
W	S Mar	vel and	Co.	Delmar, D	el.	DATE	CI 6	08	ribur S.	Track.			
20	822	43XV	0	Sell In . It.									



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10689

**CERTIFICATE OF DEATH** 10695

Reg. Dist. No.

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1. PLACE OF DEATH  o. COUNTY  W	icomico		MARYL		o. STATE Maryla	nere deceased	l lived. If institution b. COUNTY			admission)	
RURAL ond give r	(If outside corporate limit nearest town)  Lisbury	s, write	c. LENGTH OF STAY	N 1b							
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, g		oddress)		d. STREET ADDRESS Spring	Hill	Road			S RESIDENCE ON A FARM? ES NO	
3. NAME OF DECEASED (Type or print)	Fire Sat	rah	Middle Shephe	erd	Banks	4. DATE OF DEATH	Septem		Day 9	Year 19 58	
5. SEX Female	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRIEI		Jan. 12, 188	88	9. AGE (In years last birthday) 70 yrs.			UNDER 24 HR	
10o. USUAL OCCUPATI during most of wo	ION (Give kind of work or rking life, even if retired)	one 10b.	KIND OF BUSINESS OF	RINDUSTR	Y 11. BIRTHPLACE (Stole Tennes:		ountry)	12. CITI	U.S	A.	
13. FATHER'S NAME					14. MOTHER'S MAIDEN N				200		
Thomas	Walker She	phero	a e		Johnny M	ae Gra	ham				
(Yes, no, or unknown)	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.		DRMANT		Add				
Unk					Hospital Red	cords,	Salisbu	ry, Ma	ryla	nd	
	ATH [Enter only one col ATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	1/4	ne for (o), (b), ond (c).]	nsuff	iciency				ONSET	AL BETWEEN AND DEATH hours	
Conditions, if gove rise to	immediate	Ur	remia						Мо	nths	
lying couse last.		GF	ronic glome	กโแร	nenhritis				Yo	ars	
PART II. OT					OT RELATED TO THE TERMI	NAL DISEASI	CONDITION GIV	EN IN PART	1(o) 19. \		
	AS UNDERLYING DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (	Enter noture of injury in I	Port I ar Port	If of item 18.)				
20c. TIME OF INJU Hour a. m. p. m.	RY Month, Doy, Yea	While	NJURY OCCURRED  Not while k ot work	20e. PLACE foctor	OF INJURY (Home, farm y, street, affice bldg., etc	20f. (City	or town)	(Co	ounty)	(Stote	
	ptember 8	_, 12_ 	ed from Septe 58, and that of du, dve, M. D.	death o	Deer's He	M, from ADDRESS (SI	the causes of reet, city or town, ate Hosp.	ind on th	ast saw e date	the decease stated abo DATE SIGN 9/9/58	
220. BURIAL, CREMATIC REMORNAL TO POLY	ON, 22b. DATE THEREO	F	22c. NAME OF CEMENT Memorial	TERY OR C	Salisburg REMATORY K	22d. LOCAT	yland ION (City, town, o phis, I			(State)	
23. FUNERAL DIRECTOR Hill &	Johnson Co	o. S	ADDRESS alisbury,	Mar	yland DATESF	D BY REGIST		STRAR'S SIGI			

VS A15 (4) 15M 10/57

norman J. Raker

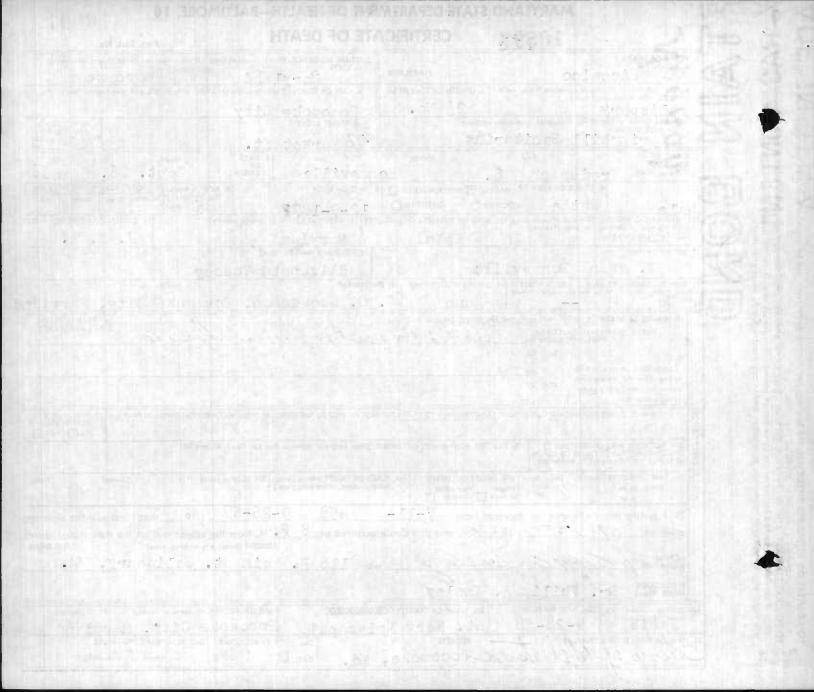
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	10097	CERTIF	CAI	E OF DEAT	1		Reg. Dist.	No.	
. PLACE OF DEATH o. COUNTY Wicomi	Lco	MARYLA	ND	USUAL RESIDENCE (WI o. STATE		d lived. If institution b. COUNTY		before odmissester	sion)
b. CITY OR TOWN (If outsice RURAL and give nearest to Salisbury	de corporote limits, write own)	c. LENGTH OF STAY IN 2 MO.	16	e. CITY OR TOWN (IF &		rate limits, write R	URAL ond giv	e nearest town	1)
d. NAME OF HOSPITAL (IF OR INSTITUTION  Springhil		t oddress)	50	d. STREET ADDRESS	St.				SIDENCE FARM?
NAME OF DECEASED (Type or print)	first lerick I	Middle	Boni	losi neville	4. DATE OF DEATH	Mon Se	m pt. 2	6	Yeor 19 58
5. SEX 6. CC	DLOR OR RACE 7. MA	RRIED NEVER MARRIED NED DIVORCED	□ B. D	ATE OF BIRTH		9. AGE (In years last birthday)		YEAR IF UND	ER 24 HRS. Min.
00. USUAL OCCUPATION (Given during most of working life Manager	ve kind af work done e, even if retired)	Hotel	NDUSTRY	Marvland		ountry)		S. A	
3. FATHER'S NAME T. Fran	k Bonnevi	lle	1	4. MOTHER'S MAIDEN N		asev			
S. WAS DECEASED EVER IN U (Yes. no. or unknown)  NO	S. ARMED FORCES?	s. social security no.	17. INFO			Add		y, Ma	rvlai
Conditions, if ony, wh gove rise to immedicouse (o), stotling the unitying couse lost.  PART II. OTHER SIG	der- DUE TO (c)	CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERMI	INAL DISEAS	E CONDITION GIV	EN IN PART 1	PERFC	AUTOPSY DRMED?
PART II. OTHER SIG	USE OF DEATH	SCRIBE HOW INJURY OCC	URRED. (E	nter nature of injury in	Part I or Par	t II of item 18.)		T YES [	NO 🗆
20c. TIME OF INJURY Mo Hour a. m. p. m.	nth, Day, Year 20d. 19 Whit at w	e Not while		OF INJURY (Home, farm , street, affice bldg., etc		or town)	(Cou	enty)	(Stote)
21. I certify that I calive an	-/		eath ac	curred at 8 P	M, from	8 , 19 , 19 , 19 , 19 , 19 , 19 , 19 , 1	nd on the state)	date state	decease ed abave ATE SIGNE
REMOVAL (Specify) Burial	9-28-58	St. Mary			PO CO	noke Cit		(Stot arvlar	
LEVEL DIRECTOR'S SIGN	SWatso.	- ADDRESS Pocomok		240. REC'	D BY REGIST	RAR 246. REGIS	TRAR'S SIGN	ATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 uneral director, d be filed with TO FUNERAL DIRICTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld is detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 the registrar prior to burial, cremation, or remayal, and in any event within 72 haurs after death. VS A15 (4) 15M 10/57



Year

10 58

(Stote)

DATE SIGNED

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY o. STATE Maryland Wicomico b. COUNTY MARYLAND Wicomico b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Mardela Springs Mardela Springs VIS d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE OR INSTITUTION 50 ON A FARM? Street Main Street Main YES NO 12 NAME OF Middle lost 4. DATE Month Day DECEASED (Type or print) Samuel Windsor Bounds DEATH Sept. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Days Hours Male White WIDOWED TO DIVORCED | Mar. 21.1879 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Lumber Mill Quantico. Md USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Bounds Sallie Windser IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No Mrs Carl Metz, Mardela Springs, Md. 216-10-2375 1B. CAUSE OF DEATH [Enter only one couse per line for (a) p(b), and (c).] INTERVAL BETWEEN ONSET AND BEATH PART I. DEATH WAS CAUSED BY ucumonna IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) WEDICAL 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg., etc.) Hour o.m. Not while of work of work ., 1935, that I last saw the deceased 21. I certify that I attended the deceased from " , and that death occurred at 120 AM, from the causes and on the date stated above. ADDRESS (Street, city or lown, stote) ACTUAL PHYSICIAN'S NAME (Type) William Emrich Hebren, Maryland 22b. DATE THEREOF 22c. NAME OF CEMETERY OR GOSMATORY 22d. LOCATION (City, town, or county) (Stote) 9-12-58 Mardela Mardela Springs 23\_FUNERAL DIRECTOR'S SIGNATURE ADDRESS 7 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR SEP 1 5 '58 arthur & Krouge

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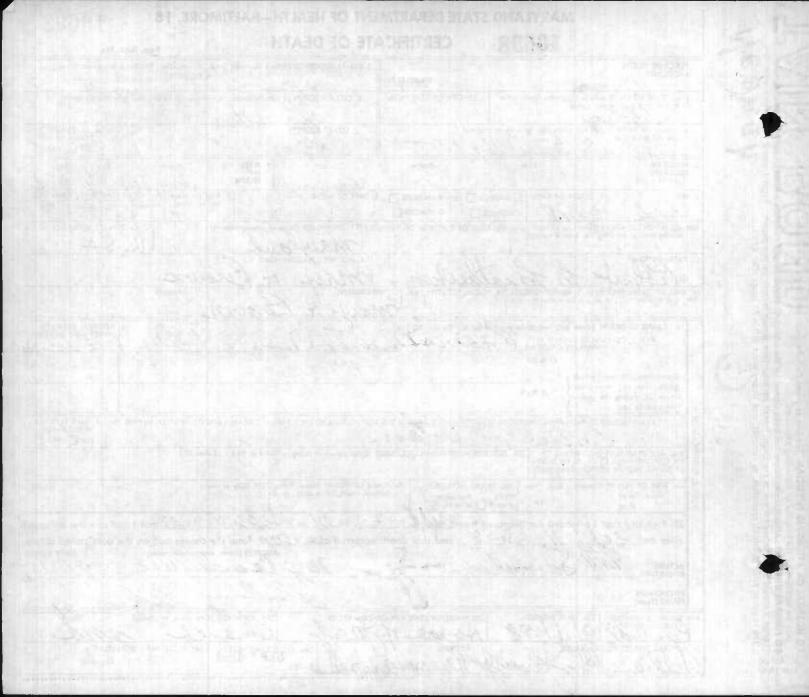
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VS A15 (4) 15M 10/57 10693

10698 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before STATE b. COUNTY Some 425	re admission)								
b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give new	orest town)								
RURAL and give nearest town)	Variage Anno	19x-2								
d. NAME OF HOSPITAL (If not in hospital, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE								
OR INSTITUTION Server Serverel Hospital	R7D#1	ON A FARM? YES NO								
3. NAME OF First Middle DECEASED (Type or print)	BADILLAN DEATH September	Yeor 19 37								
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	1 - A L - AL - A	IF UNDER 24 HRS.								
Jemale Colored WIDOWED DIVORCED	Sept. 6 1958 loss birmady) Months Days	Hours Min.								
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUS	TRY 1. BIRTHPLACE (State or foreign country) 12. CITIZEN C	F WHAT COUNTRY?								
13. FATHERS TO Son the sheer	MAIN H. Brown									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. If (Yes. no. or unknown) (If yes, give wor or dates of service)	FORMANT A. Brown									
18. CAUSE OF DEATH [Enter only one couse per time for (o), (b), and (c)-										
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) TREMANDELLE	run (Weight 186/102)	5 dais								
7/2 5 DUE TO	1									
Conditions, if ony, which )										
gove rise to immediate DUSTO										
couse (a), stoting the <u>under-</u> lying couse lost.										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT    Contribution   Contribution		19. WAS AUTOPSY PERFORMED? YES X NO								
20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.)										
	ACE OF INJURY (Home, form, 20f. (City or town) (County) tory, street, office bldg., etc.)	(Stote)								
21. I certify that I attended the deceased from July	1958, to Sept. 11, 1958, that I last so	aw the deceased								
alive on Seff 11, 1938, and that death occurred at 12/15/19M, from the causes and on the date stated above.										
SIGNATURE MI Samuelesson	ADDRESS (Street, city for town, state)	9/14/57								
PHYSICIAN'S NAME (Type)	Solisbury Med_									
220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) 9/1/578 AOUAL 1	CREMATORY 22d ACCUATION (City, town, or county)	(Stote)								
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATU									



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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

	1069	)	CERTI	IFIC.	ATE OF DE	ATH			Reg. D	ist. No.	1111	がは
1. PLACE OF DEATH o. COUNTY	icomico		MAR	<b>LAND</b>	2. USUAL RESIDENCE O. STATE Mar	CE (Whe		l lived. If instituti b. COUNTY		omic		ion)
b. CITY OR TOWN (If RURAL and give new Salisbur			c. LENGTH OF STAY					rote limits, write F aryland	URAL and	give nea	rest tawr	)
d. NAME OF HOSPITA	AL (If not in hospital, g	ive street			d. STREET ADDR						e. IS RES	IDENCE FARM?
3. NAME OF DECEASED (Type or print)	fi Wall		Middle Duran		Clark		4. DATE OF DEATH	Mor Se:	pt.	Do:		Yeor 19 58
5. SEX Male	6. COLOR OR RACE White	7. MARR	IED NEVER MARRI		8. DATE OF BIRTH Aug. 7,	1901		9. AGE (In years lost birthday) 57 yrs.	Months	Days	Hours	Min.
100. USUAL OCCUPATIO during most of worki Farming	N (Give kind of working life, even if retired (Retire	d)	Farmer	OR INDU		(Stote o		ountry)		TIZEN O	F WHAT	COUNTRY?
15. WAS DECEASED EVER	Noah Clark IN U. S. ARMED FOR		social security no	), 17, 1	NFORMANT Mrs. Hospital F	Ger Ru1	rtrude th J.		y Da	ught	er)	
Conditions, if on gave rise to in couse (o), stoting t	y, which (but to the under-) DUE TO	)	cinoma lar							1		) mos.
ICATIC	S UNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CONTRIBUTING TO DE	CCURRE		ury in Po	art I or Part	11 of item 18.)		(Caunty)	PERFO	(State)
	21. I certify that I attended the deceased fram June 4, 19 58, to Sept. 1, 19 58, that I last saw the deceased alive on Sept. 1, 19 58, and that death occurred at 3:05 AM, fram the causes and on the date stated above.  ACTUAL SIGNATURE M.D. Salisbury, Maryland Sept. 1, 1958  PHYSICIAN'S V. Juryman, M.D. Doorley Hood State Hood tall											
220. BURIAL, CREMATION REMOVAL (Specify) BUTIAL 23. FUNERAL DIRECTOR'S HOLLOWAY	Sept.3,	L958	Pittsvi  ADDRESS SALISBUR	lle	Cemetery		P1tt	-	, Ma	ryla		e)

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VS A15 (4)

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10700

CERTIFICATE OF DEATH

10695 Rea. Dist. No.

1. PLACE OF DEATH. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND 100m 100 b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN HE outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) 113 DV/0 d. NAME OF HOSPITALAIF not in hospital, give street address) Ad. STREET ADDRESS e. IS RESIDENCE ORANSTITUTION ON A FARM? YES NO NAME OF First 4. DATE Lost DECEASED 19-50 (Type or print) DEATH her 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE In years IF UNDER I YEAR IF UNDER 24 HRS Months Doys Min. DIVORCED | WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. TIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER 17. INFORMANT DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTICIPAL WAS AUTOPSY PERFORMED? YES NO 17 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED. (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m , 26, 19) I, that I last saw the deceased 21. I certify that Lattended the deceased from alive an X4 and that death accurred at P.M. fram the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type 220. BARIAL CREMATION. 22b. DATE THEREOF. 22c NAME OF CEMETERY OF CREMATORY 22d XOZKTION (CIM (Stote MOVAL (Specify) FUNDRAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE SEP 2 9 '58 arthur S. Traus

and the state of the state of the Thomas allered Para Chelle Starte 11 110 E of - 1 LE Colon Con Colon

M neral director,

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10701 CERTIFICATE OF DEATH

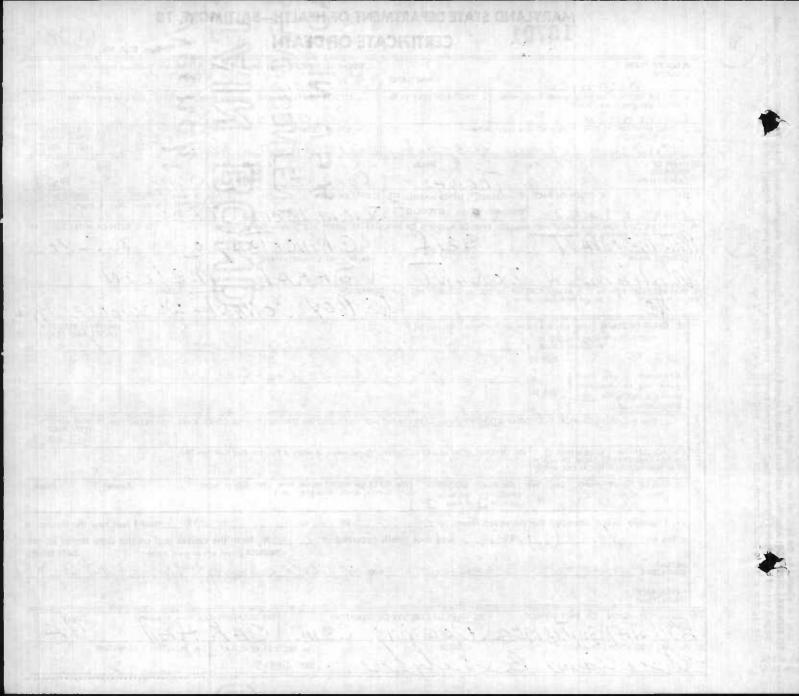
**CERTIFICATE OF DEATH** 

Reg. Dist. No. () 696

1.	PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE						
	NICOMICO MARYLAND	6. COUNTY (ICCOMAC						
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	RURAL and give nearest town)	Chinesterano 83x-3						
	d. NAME OF HOSPITAL (If not in hospital, give street oddress)	d. STREET ADDRESS  e. IS RESIDENCE						
	OR INSTITUTION	ON A FARM?						
-	Teninsula general Maspital.	3/2 Jouth Main ST. YES NO D						
3.	NAME OF DECEASED . First Middle	Lost / 4. DATE Month Day Yeor						
L	(Type or print) William / hom #5	Conant DEATH Sept. 2 1958						
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS.						
	Male white WIDOWED DIVORCED	TUNE 29 1881 Tyrs. Months Days Hours Min.						
10	D. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPIACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
1	121. MENCHAN SEIL	Chinopleneum 415A						
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	Milliam N CONINNI	SHANG MALUIN						
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NPORMANT Address						
(1	es. no or manawn) (If yes, give war or dates of service)	CROV CANDUL DODOUGKO TOUR						
		= 109 CONANI - POCOMORE MA						
	1B. CAUSE OF DEATH [Enter only one cause per lipe for (a), (b), and (c).)	INTERVAL BETWEEN ONSET AND DEATH						
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Human lage / Kly						
	33/X DUE TO O O O Y							
	Conditions, if ony, which ) (b) elleral	Unterial solivers						
	gove rise to immediate couse (a), stating the under-							
10	lying couse lost. (c)							
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY						
Y		PERFORMED?						
CERTIFICATION	206. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in Port I or Port II of item 1B.)						
1 20	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
13	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)						
WEDICAL	Hour a. m. While Not while	tory, street, office bldg., etc.)						
5	p. m.							
		, 19, to, 19,that I last saw the deceased						
	alive on, 19, and that death	occurred atM, from the causes and on the date stated above.						
	X/2. A/ K1/	ADDRESS (Street, city or town, state) DATE SIGNED						
	SIGNATURE Client / Telegre	M.D. Tallsbury HA Jept 2 1957						
	PHYSICIAN'S							
L	NAME (Type)							
22	BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county) (State)						
1	BENOVAL (Specify) SE JU1958 DOWNING	G CEM. OAK HALL DA						
23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE						
-	William B Nales	7/ DATE SEP 5 '58 01 04						
		DATE SEP 5 38 arthur & Kana						

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld by trached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shather registrar prior to burial, crematian, ar remayal, and in any event within 72 haurs after/death. VS A15 (4) 15M 10/57

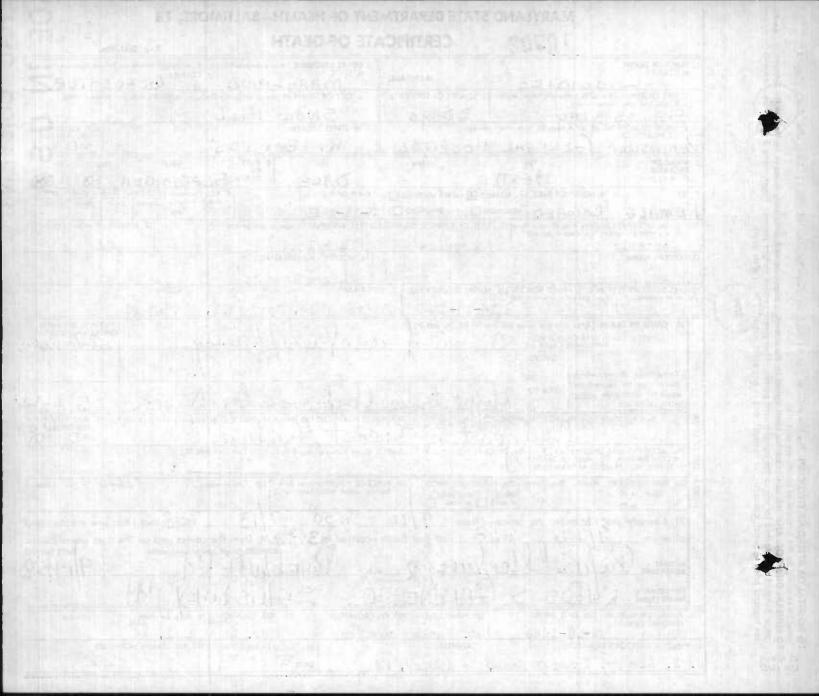


VS A1S (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10702

CERTIFICATE OF DEATH

***************************************				Reg. Dist. No.
PLACE OF DEATH     O. COUNTY		2. USUAL RESIDENCE (Whe		ion: Residence before admission)
Wicomico	MARYLAND	MARYL	AND b. COUNTY	WORCESTER
b. CITY OR TOWN (If outside corporole limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN If or	utside corporate limits, write l	RURAL and give nearest town)
SALISBURY	30945	SNOW	HILL	23x-2
d. NAME OF HOSPITAL (If not in hispital, give street of OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
MENINSULA GENERAL	HOSPITAL	RI Bo	X 125	YES NO
3. NAME OF First DECEASED	Middle	lost	4. DATE Mor	nth Day Year
(Type or print) HESTE	The same of the sa	DALE		MBER 13 1958
	IED A NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Manths Days Hours Min.
LEWALE COLORED MIDOWE		3-11-1919	39 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote of	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Housework	Maryland		USA.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Thomas Bishop		Laura Bec	kett	
(Yes, no. or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. I	NFORMANT	Add	lress
No 21	6-18-2239 Cl	ifton Dale, S:	now Hill, Md,	Rt #1
18. CAUSE OF DEATH [Enter only one couse per lin	e for (o), (b), and (c)	0 .	11''	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	eximual r	enal mous	Siciency	ONSET AND DEATH
11-11-3 × DUE TO			1 1	
Conditions, if ony, which ) (b)			o ch	
gove rise to immediate OUE TO	. 4	(A. (A.)	1	. /
lying cause last.	yperleuseno	) Cordeavas	render Nu	sease 6 uns
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTHIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GI	VEN IN PART 1(0) 19. WAS AUTOLSY
PART II. OTHER SIGNIFICANT CONDITIONS CO	otino H.	earl ta	LUHO)	PERFORMED YES NO X
	RIBE HOW INJURY OCCURRE	O. (Enter nature of injury in Po	ort I or Port II of item 18.)	- 71
=	JURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	20f. (City or town)	(County) (State)
Hour o.m. While of work		tory, street, office bldg., etc.)	1	
21. I certify that I bitended the decease	d from 9/10	10 50 10 9	1/12 105/	3
alive an 9/12/ 195	6 , and that death	2.3%		,that I last saw the deceased
	, and plat deam		DDRESS (Street, city, or town,	and an the date stated above.
ACTUAL KILLING KON	LUGARDO	Pale	TITE DY	aliuleo
SIGNATURE CONTRACTOR		W.D	HATT VOL	
PHYSICIAN'S KUTUS 5	JARINERJ	r SA	HIS BURY	, Md
170. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, toyn,	ar/county) (Stote)
Burial  9-16-1958	Mt. Wesley ce	metery	Nr. Snow Hill	L. Md
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			STRAR'S SIGNATURE
J. F. Stewart Funeral Home,	Salisbury. M.	d DATE SEP	2 2 '58 Ca	Thung S. Kanaca

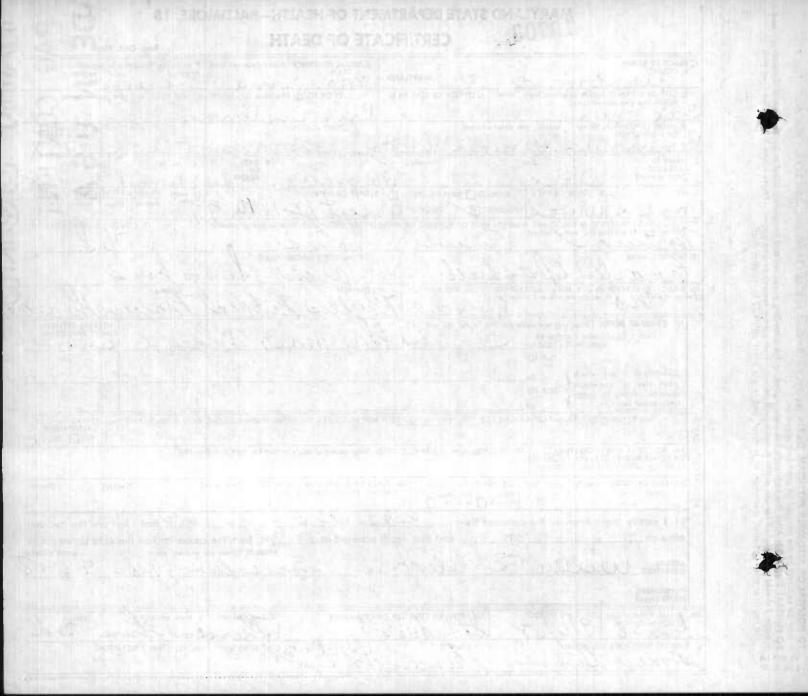


VS A15 (4) 15M 10/57

MARYLAND	STATE	DEP/
MARYLAND 10703		FDT

# TE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

	CERTITIO	AIL OF BLAIT	Reg. Di	st. No.
1. PLACE OF DEATH  O. COUNTY  OR DYNIED	MARYLAND	2. USUAL RESIDENCE (Where	deceased lived. If institution: Resider b. COUNTY	nce before admission)
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	de corporote limits, write RURAL ond	give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS	white to	e. IS RESIDENCE ON A FARM?
Min Sul A Glac	hal Hospit	1 2430Y	nensethe	YES NO DE
3. NAME OF DECEASED (Type or print)	Middle	ashield.	DATE Month OF DEATH September	Doy Year 4 3 1958
5. SEX 6. COLOR OR RACE 7. MAR		B. DATE OF BIRTH	lost birthday) Manths	Days Hours Min.
male white widow		Sept 1210	80 " / yrs.   122 GI	
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	Tunesal	The ly BIRTHPLACE (Stole or I	oreign country)	TIZEN OF WHAT COUNTRY
13. FATHER'S, NAME (Dass	liel	14. MOTHER'S MAIDEN NAM	Linkbin	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no. or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. 1	hyllis Res	Iden Prince	es Flance
18. CAUSE OF DEATH [Enter only one couse per li	ne for (o), (b), and (c).]	11		INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	20 generat	ine seart	Desease.	CONSET AND DEATH
4.2.2.2 DUE TO	0			
Conditions, if any, which ) (b)				
gove rise to immediate couse (a), stoting the under-				
lying cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PAR	PERFORMED?  YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port	l or Port II af item 18.)	
ZOc. TIME OF INJURY Month, Doy, Year 20d, I While P. m. 19 of war	Nat while fa	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	POF. (City or town) (	County) (State)
21. I certify that I attended the deceas	sed from $8-2$	2-, 1958, to 9-	3- , 1958, that I	last saw the decease
alive on, 19_	, and that death		A, from the causes and on t	
ACTUAL Willen &	· celis +	M.D. Sal	DRESS (Street, city or town, state)	DATE SIGNE
PHYSICIAN'S NAME (Type)				
220. BURIAL, CREMATION, REMOVAL (Specify)	224 NAME OF CEMETERY OF	OR CREMATORY 220	HOGATION (City, town, or country)	(Stote) wel
23. PUNERAL DIRECTOR'S SIGNATURE	ADDRESS	And 240. REC'D BY	REGISTRAR 24b. REGISTRAR'S SI	GNATURE Trans



VS A15 (4) 15M 10/57

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**CERTIFICATE OF DEATH** 

Rea. Dist. No.

	1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where	deceased lived. If institution: Reside	nce before admission)
	Wicomico	MARYLAND	MARYLAC		comico
	b. CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outsi	ide corporate limits, write RURAL and	give nearest lown)
	SALISBURY	11 DAYS	12 SALIS	AURU	
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE
	PENINGULA GENERAL	HOSPITAL	1 406	CLAIBORNE	ST YES NO D
	3. NAME OF First	Middle	Lost 4	OF BED Month S	Day Yeor
-	(Type or print) SALLY		DASHIELL	DEATH CATTOR	19 58
	5. SEX 6. COLOR OR RACE 7. MARR	RIED NEVER MARRIED	B. DATE OF BIRTH		R 1 YEAR IF UNDER 24 HRS
-	FEMALE COLORED WIDOWE	DIVORCED	H00-	yrs. Months	Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or	foreign country) 12. CI	TIZEN OF WHAT COUNTRY?
	during most of working life, even, if retired)	77 1-12	Halles L	21.	CA.
1	13. FAMIER'S NAME	1	14. MOTHER'S MAIDEN NAM	ME LAST	X * J
Л	Da Care Carrens	e los	Dreno	es blasses	1
	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 117. I	NFORMANT O	Address	
1	(Yes, no. or unknown) (If yes, give wor or dates of service)	30 12 9	1000	Address	
1		I CAPETA	MI COUR	MILION.	
1	18. CAUSE OF DEATH [Enter only one couse per lin	ie for (o), (b), ond (c).]	, , ,	0	INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	retral Th	ombours		10 days
1	260X DUE TO				
	Conditions, if ony, which ) (b)	rtenosele	cosio		
	gove rise to immediate couse (a), stating the under-	1 - 1 1	,		
	lying couse lost.	cabiles	melit	- Pa	
	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN IN PAI	RT 1(o) 19. WAS AUTOPSY
	Ž.				PERFORMED? YES NO
	PAST II. OTHER SIGNIFICANT CONDITIONS C  200. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING 20use of DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port	t I or Port II of item 18.)	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	3 20c. TIME OF INJURY Month, Day, Year 20d. IN	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	20f. (City or town)	(Slote)
	20c. TIME OF INJURY Month, Day, Year 20d. IN Hour o. m. 19 While of work	1401 **********************************	tory, street, office bldg., etc.)		
		2-10:	- SE/ Se	14 20 00	
	21. I certify that I attended the decease	~	, 19.5 /, ta	10 30 , 19 8 , that I	last saw the deceased
1	alive an Ley 30	L_2, and that death		M, from the causes and on t	
	acrus MII + am		ADI	DRESS (Street, city or town, stote)	DATE SIGNED
	SIGNATURE (Chila )	allox	M.D. 7// CG	ander five	10/2/58
	PHYSICIAN'S			Salsbury, M.	d
	NAME (Type)				***************************************
-	220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 22	d. LOCATION (City, lown, or county)	(Stote)
	Survey Och 51958	Talks Ka	com 6	Palko Kd	mul.
1	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D 8	Y REGISTRAR 24b. REGISTRAR'S SI	GNATURE
	Buben Mill	est	DATE OCT	.8 '58 Onthan &	
E			I BAIL 341		

	CERTIFICATE OF		
		THE RESIDENCE OF THE PARTY OF T	
The second		A STREET OF THE PARTY OF	
	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Hota Alla	
7 3			1

ADDRESS

SALISBURY MARYLAND

240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

DATE SEP 1 6 '58

23. FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COMPANY

deoth.

certificate

# ATABORO STADISTED 147 XX 218 . . The second secon H. All L. III. CT bulkering The first of the property of the second control of the second cont The second second second second The state of the state of the state of ENLINE PROPERTY OF A SERVER SE . Project in the second of the

death.

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and the state of t					
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necessary. please

Item 18 Film

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
234 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
10707

Reg. Dist. No. 17()1

			-								
	LACE OF DEATH	Wicomico		MARYL	AND	2. USUAL RESIDENCE	Where deced	sed lived. If institu b. COUNT	Y	e before o	
b	. CITY OR TOWN	It outside corporate fimits, write	RURAL	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (	1 2000	porote limits, write	1100		
	Salis					Pocom	oke		2:	1 x -	2
-			f not in he	spitol, give street address		d. STREET ADDRESS	OAC		0 · -		RESIDENCE
		la Genera				R F	D # 2				N A FARM?
3.	NAME OF DECEASED	Fire		Middle		Lost	4. DATE	Mont	h	Doy	Year
	(Type or print)	Romelle				Dennis	DEATH	9		15	19 58
5. 5	EX		7. MARR	IED NEVER MARRIED	□ B.	DATE OF BIRTH HOR	RC# 7	9. AGE (In years	IF UNDER 1	YEAR IF UI	NDER 24 HRS
	F	C	WIDOW	DIVORCED	JA	PRIL VI	958	fast birthday) yrs.	Months D	ays Hou	rs Min.
			done 10b.	KIND OF BUSINESS OR II	NDUSTR	Y 11. BIRTHPLACE (Stot	le or foreign	country)	12. CITIZI	EN OF WH	AT COUNTR
O		ng life, even if retired)		none		Marvla	nd 1	VOR. Co.	U	SA	
13.	FATHER'S NAME			110110		14. MOTHER'S MAIDEN		*			
	Phil	ip Dennis				Josep		7			
15.		VER IN U. S. ARMED FO	RCES? 16	SOCIAL SECURITY NO.	17. IN	FORMANT	112110	Address			
Yes	No. or unknown)	(It yes, give war or dates at	service)	None	TV.	Irs. Josep	hine	Dennis.	Poco	moke	Md.
-		ATH [Enter only one cau	se per line			25.00200		301111109	2000.	INTERVAL DE	
		TH WAS CAUSED BY:	Ga	stro-enter:	itia	due to St	aphlo	coccus a	ureus	DNSEL AND	DEATH
	2110	IMMEDIATE CAUSE (o)					*				
	0 77.	O DUE TO								1-6	
	Conditions, if										
	(o), stoting the									120	
-9	couse last.	) (c)		CONTRIBUTING TO DUATE	DIST AL	OT BELLIED TO THE TERM	AINIAI DICEA	SE CONDITION ON	(FALIAL BART)	1 110 111	ALITOREY.
CERTIFICATION	PART II, OT	HER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEATH	BUIN	OT RELATED TO THE TEXT	MINALDISEA	SE CONDITION GIV	EN IN PARI		FORMED?
	200. EXTERNAL CAPRIMARY TO GO CAUSE OF DEATH	ONTRIBUTING (		BE HOW INJURY OCCURI ld arrived					n arr	ival	
MEDICAL	20c. TIME OF INSE Hour o. m p. m.		Whi	INJURY OCCURRED 20 le Not while of work		E OF INJURY (Home, for ry, street, office bldg., el		y or town)	(Coun	ly)	(Stote)
				remains described	abov	e, held an Autop	sy 🗍	Inspection .	Inquiry		and in my
				causes . Accid			Homicide	-	rmined m		_
		15 01	. /	1							
	ACTUAL	Cont L	- Ac	172		M.D. CHIEF MEDICAL	EXAMINER [	]		DAT	E SIGNED
				()-		ASSISTANT MEDI	CAL EXAMIN		70 F0		
	EXAMINER'S NAME (Type)	Earl L. R	oyer	, AND.		DEPUTY MEDICA	LEXAMINER	<b>卧</b> 9-	18-58		
220		ON, 22b. DATE THEREC	)F	22c. NAME OF CEMETE	RY OR	CREMATORY	22d. LOC/	ATION (City, town,	ar county)	(\$	itote)
	Dresial Specify	9-18-5	8	Hall's H	ill		To	Tomas	ce,	mo	2.
23.	FUNERAL DIRECTO	R'S SIGNATURE	>	ADDRESS		240. REG	C'D BY REGIS	TRAR 24b. REGI	STRAR'S SIGN	ATURE	
5	Maar 1	Wharton -	- ne	W Physich	11	A DATES	EP 2 2 "	58 an	Thun S. +	Traces	
-	That I	M. M. M.	w	- Cruston	-						

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is n execute the cartificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral 4 should be to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained to Funeral Direction. Page 3 should be used as a burial-transit permit. Fire pages 1 and 2 with the State Bo or its designated agent, prior to burial, cremotion, or remayal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10702

	10000				Reg. Dist. No.
	1. PLACE OF DEATH		2. USUAL RESIDENCE (When	e deceased lived. If instituti	on: Residence before admission)
	Wicomico	MARYLAND	o. STATE Marvls	b. COUNTY	Monagatan
	b. CITY OR TOWN III outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16			URAL ond give nearest town)
	Salisbury	2 Hours	~		22/ 1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospi	ital, give street (ddress)	d. STREET ADDRESS	<u>- L</u>	e. 15 RESIDENCE
	Peninsula General Hos	- I	RFD#	# 1 Box 1/3	ON A FARM?
	3. NAME OF First	Middle	Lost 4.	DATE Month	Doy Year
	(Type or print) Frances	Dennis Desl	nields	OF DEATH	20- 19 58
	5. SEX 6. COLOR OR RACE 7. MARRIED		DATE OF BIRTH	9. AGE (In years 1	FUNDER TYEAR IF UNDER 24 HRS
	F C WIDOWED	DIVORCED   @	et. 13-1923	Sout birth(oy)	Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIt during most of working life, even if retired)	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Slote or	oreign country	12. CITIZEN OF WHAT COUNTRY
	Hawwarh _ Ku	vate Framily	Smow the	lb. my	
	13. FATHER'S NAME	0	14. MOTHER'S MAIDEN NAM	E	1
	Owin Kenns		Hisla S	Chroohelle	2
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC	OCIAL SECURITY NO. 17. IN	FORMANT DE	Addipss	-1 1
	111) 213	3-24-1366 m	Wysland.	Dennis Sne	whell me
	18. CAUSE OF DEATH (Enter only one couse per line fo	r (o), (b), and (c). ]		Rau	12 1/ INTERVAL DETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	anus from pu	inture wound	of foot-	ONSET AND DEATH
201	06/X DUE TO				
8	Conditions, if any, which) (b)				e e mente
	gove rise to immediate couse ( (a), stating the underlying DUE TO				
	couse lost. (c)				
	PART II, OTHER SIGNIFICANT CONDITIONS CON	ITRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL	DISEASE CONDITION GIVE	N IN PART 1(0) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CON  9/3.0  200. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING CONDITIONS CON  STICK				PERFORMED?
	200. EXTERNAL CAUSE WAS 206. DESCRIBE	HOW INJURY OCCURRED. (En	ter nature of injury in Part I o	r Port II of item 18.)	
	FRIMARY 1 3 CONTRIBUTING 1 Stuck	a stick in			
	3 20c. TIME OF INJURY Month, Doy, Year 20d. IN	HIRY OCCUPPED 200 BLAC	E OF INJURY (Home, form,		(County) (State)
	Haur o.m. 0.22 ER While	Not while are ractor	y, street, office bldg., etc.)		Vorcester Md.
	21. I certify that I took charge of the re		e, held an Autopsy [	Inspection [7].	Inquiry A ond in my
	opinion death resulted from: Natural ca	9	ga.		mined monner
	1 . 1				mined monner
	ACTUAL SIGNATURE EN L	~1	M.D. CHIEF MEDICAL EXAMI	NER 🗍	DATE SIGNED
		X	ASSISTANT MEDICAL E	XAMINER [	
/	EXAMINER'S Earl L. Royer	, M.D.	DEPUTY MEDICAL EXAM	MINER X 10-	-1-58
/	270 B RIAL, CREMATION, 226. DAJE THESEQE 2	20 NAMESOF CEMETERY OF	REMATORY 22c	LOCATION (City, Jown, pr	county) (Stote)
(	Mind Bet 3/57	H. James les	milles 1	monthill.	ma
1	23. EXMENT DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY	REGISTRAR 24b. REGISTI	RAR'S SIGNATURE
/	180118-Dimmer Lie	Sult ill In	DAYS OCT	6 '58 and	lung & Kraus

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in them. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be for aided to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for pur files. To Funeral D. DETOR: Page 3 should be used as a burial-transit permit. File pages—and 2 with the State Bo of Health, or its designated agent, prior to barial, cremotian, or removal, and in any event/within 72 hours after death. VS. A15ME 5M 2/57

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ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death.: Page 4

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10703

	LUTU9 CERTIFICA	ATE OF DEATH  Reg. Dist. No.
	1. PLACE OF DEATH o. COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Somerset
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Salisbury  32 years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Marion Station  19 X - 2
70	d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION Springhill Sanitarium. Inc.	d. STREET ADDRESS  RFD  e. IS RESIDENCE ON A FARM? YES NO
		Forsyth  4. DATE Month Day Year OF Sept 22 19 58
	Female White WIDOWED DIVORCED	8. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   F UNDER 24 HRS.   Nov. 24, 1868  9. AGE (In years   IF UNDER 1 YEAR   F UNDER 24 HRS.   Manths   Days   Haurs   Min.
	10a. USUAL OCCUPATION (Give kind af work dane during most af working life, even if retired) Housewife Own home	TRY 11. BIRTHPLACE (State or foreign country)  Bucyrus, Ohio  12. CITIZEN OF WHAT COUNTR  USA
1	13. FATHER'S NAME Frederick Henry Tipple	14. MOTHER'S MAIDEN NAME Anna ?
)	(Yes, no, or unknown)   (If yes, give war or dates of service)	s. Stella Bradshaw, Crisfield, Md.
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO	ular renal disease Interval Between ONSET AND DEATH
	Conditions, if any, which gove rise to immediate cause (a), stating the under-lying cause last.  (b)  DUE TO  (c)	
0	CAI	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part I or Part II of item 18.)  CE OF INJURY (Home, farm, 120f. (City or town) (County) (State)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40e. PLAC foctor of work at	ory, street, office bldg., etc.)
	SIGNATURE Pleeling of Studley M	occurred at 8:30 PM, from the causes and on the date stated above ADDRESS (Street, city or town, state)  DATE SIGNE
0	Physician's NAME (Type)  220. BURIAL, CREMATION, REMOVAL (Specify)  Burial  22b. Date Thereof  9/24/58  22c. NAME OF CEMETERY OR  St. Paul's Cell	
12	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  Bradshaw & Sons, Crisfield, Md.	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE SEP 2 5 '58 Orthur & Kraus

TO HOSPITAL OR VS A15 (4) 15M 10/57

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	10704
TE OF DEATH	Reg. Dist. No.
	Ition: Residence before admission)
land b. COUNT	Y Worcester
(If outside corporate limits, write	MOT GOS COT.
ocomoke (	2342.2 v
1 01.	ON A FARM?
anks St.	YES NO
4. DATE Monii	
	9- 7- 19 58
9. AGE (In years last birthday) 18 yrs.	Months Days Hours Min.
le or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Control of the control	
I NAME	U.S.A.
Copes	
Address	0.4
Golden, Pocomok	
	INTERVAL BETWEEN ONSET AND PEATH 2 days
	2 days
	5 1
aumatic.	7 days
MINAL DISEASE CONDITION GIV	VEN IN PART 1(a) 19. WAS AUTOPSY
	PERFORMED?
ort I or Part II of item 18.)	
d in a colli	sion.
rm, i 20f. (City or town)	(County) (State)
Pocomoke	Worcester Md.
	Inquiry X, and in my
Homicide, Undete	rmined monner
	DATE SIGNED
EXAMINER	DATE SIGNED
ICAL EXAMINER	
L EXAMINER T	9-8-58
Pocomète 61	or county) (State)
C'D BY REGISTRAR 24b. REGIS	
ED 1 1 150	
-1 1 58 1 CN	Thun 8 4

**VS. A15ME** 5M 2/57

7.45(2)96(第28) 6 8 A Carlored Checker Control THE RESIDENCE OF THE PERSON OF

VS A15 (4) 15M 10/57

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
10711	CERTIFICATE	OF	DEATH	1

10705 Rea. Dist. No.

1, PLACE OF DEATH o. COUNTY	Wicomico		MARY		USUAL RESIDENCE	E (Where decease	d lived. If instituti b. COUNTY		omic		sion)
b. CITY OR TOWN RURAL ced give	(If outside corporate limi nearest town)	ts, write	c. LENGTH OF STAY		c. CITY OR TOWN		rote limits, write f	URAL and	give nea	rest town	n)
	ITAL (If not in hospital, g		oddress)		d. STREET ADDRES	SS	01 1				FARM?
	Head State					t Church				IES [	) NO [
3. NAME OF DECEASED (Type or print)		nie	Middle Elle:		Hastings	4. DATE OF DEATH	Septe		25		Year 19 58
5. SEX		7. MARI	RIED NEVER MARRIE		ATE OF BIRTH	1000	<ol> <li>AGE (In years last birthday)</li> </ol>	Months	Days	IF UNDI Hours	ER 24 HRS. Min.
Female	White			- 4	ugust 4,		59 yrs.	120 51	213511.0	F	
during most of wo	ION (Give kind of work of king life, even if retired WOLK	one IUD.	None	K INDUSTRY		yland	ountry)	IIZ. CI		S.A.	COUNTRY
3. FATHER'S NAME				1	4. MOTHER'S MAID	DEN NAME					
Gran	ville Knowle	95			Blanch	he Ellis					
IS. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFO	RMANT Mr. C	Howar	d Hasta	ngs(	Hus	band	1)
Unk	(If yes, give war or dates of s			Ho	spital R	A	ebron M Salisb	arvl	and Mary		
	ATH [Enter only one co ATH WAS CAUSED BY:		ne for (o), (b), and (c).] Cerebral en		100				IONS	RVAL BE	DEATH
1111/x	IMMEDIATE CAUSE (o		oereprar en	IDATT2	111				- 21	4 hr	5
Conditions, if			Rheumatic h	eart	disease				Uı	nkno	wn
gove rise to cause (o), stating lying cause lost	the under- DUE TO										
	THER SIGNIFICANT CON	DITIONS (	CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE T	FPMINAL DISEAS	E CONDITION CIV	ENI INI DAE	T 1/m) 19	D WAS	ALITOPSY
CAT			EGITTRIBUTITO TO BEA	001110	T KEENTED TO THE T	IERMINAL DISEAS	E CONDITION ON	EN IN PAR	(1 1(0) 1	PERFC	RMED?
	AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURRED. (E	nter nature of injur	y in Part I ar Par	t II of item 18.)	200			
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Yeo	While		20e. PLACE foctory	OF INJURY (Home, , street, office bldg.	form, 20f. (City	or town)	(	County)		(State)
21. I certify tolive on Se	hat I attended the apt. 25	deceos , 125			curred at 2:	ADDRESS (Se		ond an t		e state	
PHYSICIAN'S NAME (Type)	L. V.		dve, M. D.			ury, Mar					
220. BURIAL, CREMATIC REMOVAL (Specify Burial	Sept. 27	/58	22c. NAME OF CEME Hebron		ematory letery		Oron M	er county)	and	(Stot	e)
23. FUNERAL DIRECTOR	S'S SIGNATURE		ADDRESS		240.	REC'D BY REGIST	RAR 24b. REG	STRAR'S SI		E	
HOLLOWAY	& COMPANY	5	SALISBURY	MARY	LAND DATE	SEP 2 9 '5	8 an	Thun 8.	Kray	A.	

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		107	741	CERT	IFICA	TE OF DEAT	Н		Reg. Di	I st. No	.071	06
1.	PLACE OF DEATH o. COUNTY	Wicomico		MAR	YLAND	2. USUAL RESIDENCE (V		ed lived. If instituti b. COUNTY		_	omic	,
	b. CITY OR TOWN (If RURAL and give no	outside corporate limits, orest town) Hebron (1	write c. LE	NGTH OF STAY	IN 1b	c. CITY OR TOWN (IF		orote limits, write R ural)	URAL ond	give ned	prest town	1)
	d. NAME OF HOSPITA OR INSTITUTION	R.D.#(U.				d. STREET ADDRESS R.D.	#(U.S	.Route	<b>#50)</b>			FARM?
	NAME OF DECEASED (Type or print)	CLIF.		JACKS	SON	HUGHES	4. DATE OF DEATH	DIL	remb.		17	Year 19 58
	Male	White v	VIDOWED [	NEVER MARR	ED 🗍	May 9,190		9. AGE (In years last birthday) 49 yrs.	Months	Doys	Hours	Min.
F	Restauran	N (Give kind of work do ing life, even if retired)  t Owner a			OR INDUSTI	Hebron,	Mary				A A	COUNTRY
	Louis Ht					Nannie		tt				
15. (Ye	Yes	IN U. S. ARMED FORCE	S? 16. SOCIA	AL SECURITY NO	17.MY	S. Route#	y <b>Jea</b> 50) H		es(W: Mary			).#
	The second secon	TH [Enter only one cous TH WAS CAUSED BY: IMMEDIATE CAUSE (o)_ DUE TO	e per line for	(0). (b). ond (c)	47	Urm	lo.	ris		INT	ERVAL BE	
	Conditions, if or gove rise to in couse (o), stoting t lying couse lost.	ny, which (b)_										
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CONDI	TIONS CONTR	IBUTING TO DE	ATH BUT N	OT RELATED TO THE TERM	MINAL DISEA	SE CONDITION GIV	EN IN PAR	T 1(o) 1	PERFO	AUTOPSY ORMED?
L CERTIFI	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	06. DESCRIBE	HOW INJURY O	OCCURRED.	(Enter nature of injury in	Port I or Po	rt 11 of item 18.)	La			
MEDICA	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yeor	20d. INJURY While I of work (	Not while		E OF INJURY (Hame, far ry, street, office bldg., e		y or town)	(1	County)		(Stote)

1952 that I last saw the deceased

ACTUAL

un Emmel

ADDRESS (Street, city or town,

Dr.William Emrich 220. BURIAL, CREMATION, 22b. DATE THEREOF SEMPLE 20

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

Maryland

Sept. (State)

Sept.20/58 23. FUNERAL DIRECTOR'S SIGNATURE

Hebron Cemetery ADDRESS

Hebron, 24a. REC'D BY REGISTRAR
DATE P 2 2 58

Maryland 246 REGISTRAR'S SIGNATURE

requires that the death certificate be executed within 24 haurs after death. Page 4

and completely filled in by

the attending physician

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HOLLOWAY & COMPANY

SALISBURY MARYLAND

Hebron,

TO HOSPITAL OR TO FUNERAL

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, execute the restificate, writing the word "pending" in pendi in Item. 18. Give Pages 1, 2, and 3 to the funeral decidar. A should be.

A should be used as a burial-transit permit. File pages 1 and 2 with the State Bo.

A should be a seriously be used as a burial-transit permit. File pages 1 and 2 with the State Bo.

A should be a seriously burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

		ICAL EXAMINE	R'S CERTIFICA	ATE OF DEAT	H Reg. Dist.	. No.
PLACE OF DEATH	10712		2. USUAL RESIDENCE	(Where deceased lived. If		
o. COUNTY	Wicomico	MARYLA	NO O. STATE Mar	yland b. c	OUNTY Wicor	nico
b. CITY OR TOWN (If or and give nearest town)	utside corporate limits, write #UR Salisbury		10 0	(If outside corporate limits	, write RURAL and gi	ive nearest lown)
d. NAME OF HOSPITAL	N. C.	it in hospital, give street address)	d. STREET ADDRESS	V		e. IS RESIDENCE
		es St		Walles St.		ON A FARM?
NAME OF DECEASED (Type or print)	PAUL	EDWARD	JEFFERSON	4. DATE OF DEATH SEE		st 19 58
SEX	6. COLOR OR RACE 7.	MARRIED X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In four burthde	PEOTS IF UNDER 14	EAR IF UNDER 24 HRS.
Male	White w	DOWED DIVORCED	March 18,	1919 1919 1919 1919 1919 1919 1919 191	yrs. Menths Do	13 Hours Min.
Laborer	life, even if retired)	10b. KIND OF BUSINESS OR INC		ote or foreign country) etown, Delaw		N OF WHAT COUNTRY
3. FATHER'S NAME	0.0		14. MOTHER'S MAIDEN			
Ralph Je				e Wilson		
	R IN U. S. ARMED FORCES If yes, give war or dates of service	S? 16. SOCIAL SECURITY NO.	Mrs. Mary E Salisbi	Jefferson( ury Marylar	wife)52	l Wailes
18. CAUSE OF DEATH	[Enter only one cause p	per line for (o), (b), and (c).	`			INTERVAL BETWEEN
	WAS CAUSED BY:	Congestion & B	dema of brai	in, fatty de	generati	ONSET AND DEATH
581.0	DUE TO	111111111111111111111111111111111111111	William Children	of liver	severe	
Canditions, if any		The same	ceccerty			
gave rise to immedia	ofe couse		-			
(a), stating the un	derlying (c)					
PART II. OTHE	R SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH 8			N GIVEN IN PART 1	(a) 19. WAS AUTOPSY PESSORMED? YES (C) NO
200. EXTERNAL CAUS PRIMARY Or CONT CAUSE OF DEATH.	RIBUTING []	PESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in I	Port I ar Port It of item 18.)		
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year	20d. INJURY OCCURRED 20e. While Not while of wark of wark	PLACE OF INJURY (Home, fofficery, street, affice bldg., o	orm, 20f. (City or tawn)	(Caunt)	y) (State)
21. I certify the	ot I took charge af	the remoins described o	bove, held on Auto	psy J. Inspection	X, Inquiry	and in my
opinion death re	esulted fram: Not	tural couses . Acciden	nt, Suicide,	Homicide . Ur	ndetermined ma	
ACTUAL SIGNATURE	tulota	Terolies)	M.D. CHIEF MEDICAL	EXAMINER		DATE SIGNED
EXAMINER'S				DICAL EXAMINER		0 12000
NAME (Type) Dr	. Philip A	. Insley	DEPUTY MEDICA	AL EXAMINER X	Sept.	2 /1958
20. BURIAL CREMATION REMOVAL (Specify) BURIAL	. 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City,	lawn, or county)	(Stote)
NAME (Type) Dr	Sept. 4, 19	22c. NAME OF CEMETERY	or crematory Cemetery	22d. LOCATION (City, Salisbury	lawn, or county)	(Stote)

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		CONTROL OF THE	A SWOOT STATE OF
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Completely Completely Services			

7	uneral director,	Ald be filled with	-	
	e attending physician and campletely tilled in by	en please remove carbon papers. Pages 1 and 2	nt within 72 hours after death.	
may be retained by the haspital ar attending physician.	FUNERAL D. TOR: After this certificate has been signed by the	page 3 shauld reddetached for use as the burial-transit permit. Th	he registrar prior to burial, cremation, or remayal, and in any ever	

VS A15 (4) 15M 9/SS

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

Authorized   Carrier   C		10117	CERTIFIC	AIE OF DEAIR		Reg. Dist	. No.
RUPAL and give nergy tegm?  Sall sbury  d. NAME OF HOSPITAL (If not in hospital) give ifreet oddress)  OR INSTITUTION  Pen Gen. Hospital  3. NAME OF HOSPITAL (If not in hospital)  4. DATE OF BATH  SEPT. 4th  19. 58  10. DATE OF BITTIE (If not in hospital)  4. DATE OF BATH  SEPT. 4th  19. 58  10. DATE OF BATH  10. DATE OF BATH  10. SEPT. 4th  10. HOURS If Indian		Wicomico	MARYLAND				
OR INSTITUTION  Pen Gen. Hospital  Ocean City Blvd.  ONA FARM OF DECEASED (Type or print)  ELIJAH FREDRICK KELLY  Ocean City Blvd.  Ocean City Blvd.  ONA FARM OF DECEASED (Type or print)  ELIJAH FREDRICK KELLY  Ocean City Blvd.	b. CITY OR TOWN RURAL ond give	(If autside corporate limits, write nearest town) Sallsbury	c. LENGTH OF STAY IN 16	1		write RURAL ond gi	ve nearest town)
DECEASED (Type or print)    SEPT	d. NAME OF HOSP OR INSTITUTION				n City Bl	vd.	ON A FARM?
Male White widowed Divorced October 8 1898 151 primary Day Mourle	DECEASED	ELIJAH	FREDRICK		OF		Ith EQ
Authorities   Carrier   Catherine Lewis	Male	White widow	/ED DIVORCED	October 8k		years of UNDER 1 Manths C	
John W. Kelly  Catherine Lewis  15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. NO. NO. (17 yes, give wor or dote of service)  18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)  DUE TO  Canditions, if any, which gove rise to immediate cause (a), stoling the under lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES OR ACCIDENT WAS UNDERLYING OR CONTRIBUTING COURSED (Enter nature of injury in Part I or Part II of item 18.)  OR CONTRIBUTING AUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  20. TIME OF INJURY Manih, Day, Year 20d. INJURY OCCURRED How work of work	Bural N	ION (Give kind of work dane) 10b rking life, even if retired) Mail Carrier	U.S. GOV.				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 MPS PATE IT. DEATH WAS CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CAPC / NOMA BLADDE G  ONSET AND DEATH O		77 . 3.3					
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)   IP. WAS AUTOPSY YES   NO   X   X   X   X   X   X   X   X   X							
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Canditians, if any, which gave rise to immediate cause (a), stoting the under- lying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GOVERNOR TO THE TERMINAL DISEASE CONDITION GOVERNOR TO THE TERMINAL DISEASE CONDITION GOVERNOR TO THE TERMINAL DISEASE CONDITION GOVERNO	Yes, no or unknown		SOCIAL SECURITY NO.	rs Edith W. Pittsvil	Kelly(Wi le, Maryl	fej"Ocea and	an City Bl
20a. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Manth, Day, Year While at work   19 STA that I last saw the deceased alive an	PART 1. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  any, which immediate g the under:  DUE TO  DUE TO		BLAD	DEA		ONSET AND DEATH
20c. TIME OF INJURY Manth, Day, Year Notify Not while Not work of wore work of	E 200 ACCIDENT W						PERFORMED?
alive an 9/4, 1958, and that death accurred at 2:00AM, fram the causes and an the date stated above	(IF EITHER, NOTIF	JRY Manth, Day, Year 20d. While	Nat while fe	LACE OF INJURY (Home, farm, actory, street, affice bldg., etc.	20f. (City ar tawn)	(Co	ounty) (State)
Sept. 7 1958  PHYSICIAN'S Dr. John M. Bloxom NAME (Type) Dr. H. Gray Reeves Medical Center-Salisbury, Maryland	actual SIGNATURE DT	9/4 12 Son 907 Be John M. Blo	5 8, and that deat	h accurred at 2:00	M, fram the cau	ses and an the town, state)  Sept.	e date stated above DATE SIGNED 1958
220. BURIAL CREMATION, Substitution Sept. 6, 1958 St. Johns Church Cemetery Powellville, Maryland		ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City.	tawn, or county)	(State)
23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  HOLLOWAY & COMPANY *SALISBURY MARYLAND  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  DATE SEP 8 58				240. REC'E	P 8 58 246		1 4

	ATE OF DEATH		
	DUBZIA MEGRADO		
		 -0.3255.0	I Del Lenen
			A VOLUME TO A STATE OF THE STAT
	Marin May C. She barrow		
Thebur, Nertina	Marnonet Design	estimation of	

VS A15 (4) 15M 10/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

10709 Reg. Dist. No.

10714	CERTIFICA	TE OF DEATH	Reg. D	ist. No.
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where dece	ased lived. If institution: Reside	
11); com100	MARYLAND	o. STATE ARULAN	b. COUNTY	RCESTER
b. CITY OR TOWN (If outside corporate limits, write c.	LENGTH OF STAY IN 16	c. CITY OR TOWN If outside co	orporate limits, write RURAL and	give nearest lown)
RURAL and give nearest town)	1DA4	BFRI	IN 2.	3 x - 2-
d. NAME OF HOSPITAL (If not in hospital, give street odd	dress)	d. STREET ADDRESS		e. IS RESIDENCE
PEN GENERAL HO	SPITAL	315 BA	y ST.	YES NO
3. NAME OF First	Middle	lost 4. DA	Month	Doy Yeor
(Type or print) CHARLES	WILLIAM	KIEL MAN DE	ST-PTEMBE	R 21 1958
5. SEX 6. COLOR OR RACE 7. MARRIED		B. DATE OF BIRTH	9. AGE (In years IF UNDE	R I YEAR IF UNDER 24 HRS.
MALE WHITE WIDOWED	DIVORCED	OCT 10.189	7 Cost birthdoy) Months	Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. Ktt during most of working life, even if retired)	ND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote or foreig	n country) 12. C	TIZEN OF WHAT COUNTRY
MERCHANT	IN STORE	PORTSMOUTH	+, OHIO	U.S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
JOHN KIELMAN		SOPHIA BE	UMLER	
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SO	CIAL SECURITY NO. 17. IN	FORMANT	Address	h a
No 10 21	1-01-7180	MRS. C.W.KI	ELMAN BO	SRUIN IND
18. CAUSE OF DEATH [Enter only one cause per line	for (o), (b), ond (c).]	, , , , , ,		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Subarracl	hupid Hem	vary hage	ONSET AND DEATH
443X DUE TO C.				
Conditions, if any, which ) (b)	ten'osclore	tir Cerebro	Vascular De	ec se
gove rise to immediate Couse (a), stating the under-	1	0 1	0	
lying couse lost. 322./) (c)	pertensive	Cardio - Vane	ular Diseas	e
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PA	RT 1(0) 19. WAS AUTOPSY PERFORMED?
3 Chronic Alcol	nolism			YES NO 1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRI	BE HOW INJURY OCCURRED	). (Enter noture of injury in Port I or	Port II of item 18.)	
	- Amel	CE OF INJURY (Home, form, 20f. (	City or town)	(County) (Stole)
Hour a.m. p. m. 19 While of work	_ HOL WILLE	iory, sireer, office blug., etc.)		
21. I certify that I oftended the deceosed	from Sent 21	. 1958 to Se	1 21 1058 that 1	lost sow the deceased
olive on Sant 21 . 1953	and that death	occurred of 3: 350 M.	rom the couses and on	
70	11000		(Street city or town, state)	DATESIGNED
SIGNATURE TLOMES	tell In.	10 Pine Blu	I Koad	7/21/58
	Λ	01.:	11	7
PHYSICIAN'S NAME (Type)	V	Salishun	ry. 11/d.	
	22c. NAME OF CEMETERY OR	CREMATORY 22d. LC	CATION (City, town, or county)	(Stote)
BREMOVAL (Specify) 9 25 58	5 VERGE	561K (	ZERVIN	MO
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY REC		GNATURE
Anna A. Benbare	Berlin	DATSEP 26	'58 Orthun S.	Kraus

THE REPORT OF THE PROPERTY OF THE PROPERTY OF THE PARTY O
AT SOLD TO STADING TO STADING

VS A15 (4) 15M 9/SS N

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10742 CERTIFICATE OF DEATH

1(1711) Reg. Dist. No.

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	NACE OF DEATH COUNTY Wicomico	0		MARYLAND	11	o. STATE	land		lived. If institution b. COUNTY				sion)
ł	o. CITY OR TOWN (If	outside carporate limi	ts, write	c. LENGTH OF STAY IN 16					ate limits, write R	URAL ond	give nec	arest town	n)
	Eden R.	F.D # 2			X	Eden	R.	F. D.	. 2				
F.	OR INSTITUTION	AL (If nat in haspital, g	745		1	d. STREET AD	DRESS						FARM?
1		a General	HO:	spital		Locus	C St				1	AF2	NO ☑
3. 1	NAME OF DECEASED	Fir	st	Middle		Last	1	4. DATE OF	Man		Do	*	Year
(	Type or print)	Richard		D. King				DEATH	Sept.		23	3	1958
5. 5	SEX	6. COLOR OR RACE	7. MARI	RIED MEVER MARRIED	8. D	ATE OF BIRTH		11 = 1	9. AGE (In years lost birthday)	Months	Days	IF UND	ER 24 HRS. Min.
	male	colored	WIDOW	ED DIVORCED	A	ugust	8,	1910	48 yrs.	1110111111	Duys	Hours	win,
10a	. USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OR IND	USTRY	11. BIRTHPLA	CE (Stote o	or fareign ca	ountry)	12. CI	TIZEN O	F WHAT	COUNTRY
	laborer	ing me, even in remed	'			ATTer	1			I	J. S	5. A	
13.	FATHER'S NAME				1.	4. MOTHER'S	-	IAME					
	Ernest K	ing				Ida D	ivon						
15.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 14	SOCIAL SECURITY NO. 17.	INFO	RMANT	FVOII	N- 6.1	Add	ress			
[Yes	, no, or unknown) (I	I yes, give war or dates of s		04 0 44 1 47 500			L Tra-				2		
_	no			213*14*7500		Ernes	t Kl	ng	Route2	raer			
		H WAS CAUSED BY:	11	ne for (a), (b), and (c).]								EVAL BE	
	016%	IMMEDIATE CAUSE (		w provi	-		-			-		000	1
		DUE TO	T	ulcur la	-	in of	"Ki	lus	- 1-		L	11 -	
	Conditions, if an	mediate	)		•		, 00		X		1	-	
	caese (a), stating t		)						0		6	/	
7	lying cause last.	) (c											
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH B	UT NO	T RELATED TO 1	THE TERMIN	NAL DISEASE	CONDITION GIV	'EN IN PAR	RT 1(a) 1	PERFC	RMED?
	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCUR	RED. (E	inter nature of	injury in P	Part I or Part	II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour O. m. p. m.	Month, Day, Ye	ar 20d. I While at wor	_ Not while	PLACE	OF INJURY IH	ome, form, bldg., etc.	20f. (City	or town)	(	County)		(State)
	21. I certify the	at I attended the	deceas	sed from 9-22	-	, 1958	to	9-23	, 19.5	that I	last so	w the	decenses
	alive on /5	7.3	10	), and that dea				,	/ '/				
	unite on			, und mai ded	111 00	corred at			reet, city or lown,		ne da		ATE SIGNE
	ACTUAL SIGNATURE	Earl L	yen-		_ M.D.	•						9-	25-57
	PHYSICIAN'S NAME (Type)	ExVIL	. 18	Dayrer		45	7 Ca.	n-de	n Ave.	Sol.	ül	7 4	hd.
220	BURIAL, CREMATION	N, 22b. DATE THEREC	)F	22c. NAME OF CEMETERY	OR CR	REMATORY		22d. LOCAT	ION (City, town, o	or county)		(Stot	(e)
	burial	Sept. 2	28.	58 Green Ac	rea	S		Sal	labury		Md.		
23.	FUNERAL DIRECTOR'S	SIGNATURE	1 11	ADDRESS Road	e			P 2 9 '5		Chun S.			
1	MAN WIN	1 100000	- 4	W / 1   11   1			PATE DE						

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			a libraro in constant	
The second secon			Ser Handy	

**CERTIFICATE OF DEATH** 

Reg. Dist. No. 10711

	PLACE OF DEATH					2. USUAL RES	IDENCE (Wh	ere deceased	d fived. If institut	ian: Reside	nce befor	e odmiss	ion)
		comico		MAI	RYLAND	a. STATE	rvlar	nd	b. COUNTY	Wico	mic	0	
	<ul> <li>CITY OR TOWN (II RURAL and give ne</li> </ul>	outside corporate limi	ts, write	c. LENGTH OF STA	YIN 1b	c. CITY OR	TOWN (If o	outside corpo	rote limits, write	RURAL end	give nea	rest lowr	)
	Delmar			87 yr	8	× D	elmar						
	OR INSTITUTION	AL (If nat in haspital, g	ive street	oddress)		d STREET					- 1	. IS RES	DENCE FARM?
	10	l Pine	Str	eet		10	1 P:	ine	Street				NO X
3.	NAME OF DECEASED	Fir	st	Midd	te	la	st	4. DATE OF	Мо	nth	Day	,	Year
-	(Type or print)	Rober		Hitch		Lowe		DEATH	Sept.				19 58
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARI	RIED 🔲	B. DATE OF BIRT		111111	9. AGE (In years last birthday)	Manths	Days	Haurs	R 24 HRS. Min.
	Male	White	WIDOWI		_	Dec.		370	87 yrs		Days	nours	Min.
100	<ul> <li>USUAL OCCUPATIO during most of work</li> </ul>	N (Give kind of wark o	dane 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHP	LACE (State	ar fareign co	untry)	12. CI	TIZEN O	F WHAT	COUNTRY?
	Merch	ant		Ladies M	erch	andise	I	Maryl	and		US.	A	
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME		300 3			
	James						ttie	Hea	rn				
		IN U. S. ARMED FOR	ervice)	SOCIAL SECURITY N		FORMANT		-	Add	dress	1 = 1		
	No		_ 2	12-18-60	8LE	thel S	mith.	De	lmar.	Md.			
		TH [Enter anly ane ca	use per lir	e for [0], (b), and (c	:).] .	-1						RVAL BE	
	PART I. DEAT	H WAS CAUSED BY:		X Gum	10	CM	14				2	LT AND	DEATH
	792 X	DUE TO	1		.77		-					2	. //
	Conditions, if ar		192	umi 1	Toro	zono	ne				afin	0	mhr
	gove rise to in cause (a), stating t	mediate (					1						
	lying cause tast.	(c)					0						
Z	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASI	CONDITION GI	VEN IN PAR	T 1(a) 15	. WAS	AUTOPSY
CATION													RMED?
CERTIF	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY	OCCURRED	. (Enter nature a	of injury in P	Part I ar Part	II af item 18.)				
A	20c. TIME OF INJURY		r 20d. IN	JURY OCCURRED	20e. PLA	CE OF INJURY	(Home, farm	20f. (City	or town)	1	Caunty)	-	(Stote)
MEDIC	Haur a.m.	19	While	Nat while		tary, street, affic				,	Cuomy		(Sidie)
5	p. m.				12/16	7 / 0		V41	7.	6			
	1	at attended the	decease	. ^	27.19	19.51	_, ta	77-1-3					deceased
	alive an	14/14	_, 19_	and the	it death	occurred of			the couses		he dat		
	ACTUAL	1741	29 02	1/			12-1	ADDRESS (SI	reet, city ar town,	, state)		DA	TE SIGNED
	ACTUAL SIGNATURE	7 / 1/7	1/2		N	A.D	201	me	3 /4				
	PHYSICIAN'S NAME (Type)	H. 4 y	721	26		****	*****						
220	BURIAL, CREMATION	N, 226. DATE THEREO	F	22c. NAME OF CEA	METERY OR	CREMATORY		22d. LOCAT	ION (City, tawn,	or county)		(State	) 0
	Bunia Toly)	9-17-58	3	Mt. O	live			De:	lmar,	Del.	14	47)	7-58
23:	UNERAL DIRECTOR'S	SIGNATURE	K.	ADDRESS		inn	240. REC'0	BY REGIST		ISTRAR'S SI	GNATUR	E	
X	VSM	Znel (	01	fuln	as	Leil	DSEP 1	8 '58	arth	un 8. H	rause		

funeral director, Id be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be retained by the haspital ar attending physician.

2 FUNERAL DESCRIOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 should refleached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar priar to burial, crematian, ar remaval, and in any event within 72 hours after death. TO HOSPITAL OR A may be retained b VS A1S (4) 1SM 9/5S

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10712

	MEDICAL	EV A MAINIEDIC	CERTIFICATE	OF DEATH
	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH
*	0715			

	1071:		Reg. Dist. No.
PLACE OF DEATH	7017		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	Wicomico	MARYLAND	o. STATE Virginia b. COUNTY Accomack
b. CITY OR TOWN I	If outside corporate limits, write RURA	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Salisb		4 Days	Chincoteague 83 x 3
		t in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
	ury-Peninsu	01	On A FARM? YES NO X
NAME OF DECEASED	First	Middle	Lost 4. DATE Month Doy Yeor
(Type or print)	Wvle		Maddox. Jr. DEATH 9- 9- 19 58
SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED X 8	
M	M WII	DOWED DIVORCED M	[ay 11, 1941   lost birthdoy) yrs. Months Days Hours Min.
a. USUAL OCCUPATION	ON (Give kind of work done		RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
during most of working	ng life, even if retired)		Virginia U.S.A.
FATHER'S NAME	dent		14. MOTHER'S MAIDEN NAME
	Maddox Sr.		Luella Bowden
			<u> </u>
is no. of unknown)	/ER IN U. S. ARMED FORCES (If yes, give war or dates of rervice	)	NFORMANT Address
1// 0		230-50-3833 W	yle Maddex Sr. Chincoteague, Virgini
18. CAUSE OF DEA	ATH [Enter only one couse pe	er line for (o), (b), ond (c).]	INTERNAL BETWEEN CHISET AND DEATH
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Sub-dural hemo	
936.4		Sub-durar Hein	4 vays
, , , , , ,	DUE TO		
Conditions, if o	10/		
gove rise to imme			
(a), stoting the	(c)		
PART II, OTI 200. EXTERNAL CA PRIMARY ZOO CO CAUSE OF DEATH.		ONS CONTRIBUTING TO DEATH BUT N	FOR RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY
			PERFORMED?
			YES NO X
200. EXTERNAL CA	USE WAS 206. DE	ESCRIBE HOW INJURY OCCURRED. (E	inter nature of injury in Part I or Part II of item 18.)
CAUSE OF DEATH.		jured in a tacl	kle during highschool football pract:
20c. TIME OF INJU	JRY Month, Doy, Year	20d. INJURY OCCURRED 20e. PLAN	CE OF INJURY (Home, form, 120f. (City or town) (County) (State)
Hour e.m.	0-5-58	Trillie Hills Willie	ory, street, office bldg., etc.) noolvard Chincoteague Va
21. I certify I	hat I taok charge of	the remains described abo	
	the second second second	ural causes , Accident [	
opinion dedin	resomed frum: 14dit	Accident L	, Suicide , Homicide , Undetermined manner
ACTUAL	1 SI V	?	DATE SIGNED
SIGNATURE	Carlo	Ti	M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S		0	ASSISTANT MEDICAL EXAMINER
NAME (Type)	Earl L. R	oyer, M.D.	DEPUTY MEDICAL EXAMINE 9-18-58
DEMOVAL ISpecify	ON, 226. DATE THEREOF	22c. NAME OF CEMETERY OR	
Burial	Sept. 12,19	958 Downing Cem	etery Oak Hall, Virginia
. FUNERAL DIRECTO	. 0		246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE SEP 2 6 '58 Children 8 H
1.00.0. 1	Jelio I Char	vantas min Wine	3 nd a DEP 2 6 58 Chilling & Thousa

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendi in them 18. Give Pages 1, 2, and 3 to the funeral-director. Page 4 should be for graded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for the files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Sidle of the Health, or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours ofter death. VS. A15ME 5M 2/57

STATES が対し、他に対し、同じ、中国の 1、 では、大大の 10 世紀 1 をとて 12 間 をお SECTION AND ADDRESS OF THE PARTY OF THE PART

MARYLAND	STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18	
10716	CERTIFICA	ATE OF DEATH Reg. Dist. I	10713 No.
	R = TIU (S = 2)	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence b	efore admission)
1160	MARYLAND	o. STATEM and b. COUNTY WOR	cester
carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corposote limits, write RURAL and give	neprest fown)
n)		Stockton, Me	1.03x.2
in hospitat, give street o	oddress)	d. STREET ADDRESS	e. IS RESIDENCE
General	Hospital	R.F.D. 1 Bx. 101	YES NO
First	Middle	Lost 4. DATE Month	Day Year
Luvenia	4	Marshall DEATH September	14 1958
	HED NEVER MARRIED	8. DATE OF BIRTH  9. AGE (Ill years   15 UNDER 1 YE   Months   Day   Months   Months	
MIDOWE		9-7-38   lost birthdoy) Months Do	ys Hours Min.
kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country)   12. CITIZET	OF WHAT COUNTRY?
even if retired)		Maryland	1.54
0 11		14. MOTHER'S MAIDEN NAME	1,0,11,
-artiald	Marchall	Holfin H Fieles	
ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT / Address ;	1
war or dates of service)	SOCIAL SECORITI NO. 17. 1	Escale Massalla SI	LL M
		Frank G. Maishall Stac	KTON, 1 1a
r only one couse per lin	ne for (o), (b), and (c).]		NTERVAL BETWEEN
TE CAUSE (o)		of failure.	1 hr
DUE TO		n o mas	0 0
(6)	lnoxua +	hypersyntia.	ddays
DUE TO	2+0+	00 0	00
(c)	alelectos	in deflary.	2 days
FICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0	
			PERFORMED?
LYING 20b. DESC E OF DEATH EXAMINER)	CRISE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or Port II of item 18.)	
EXAMINER)			
, Day, Year 20d. IN	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town) (Coun	ity) (Stole)
19 While of work		ctory, street, office bldg., etc.)	
		2050 . 9/4450	
ended the decease		1958, to 91.4 , 1958, that I last	saw the deceased
14, 193	,,, and that death	occurred at 1235 P.M. from the causes and on the	
C V	^^	ADDRESS (Street, city or town, state)	DATE SIGNED
om	Hordon	M.D. Alcaled Contex Solution	my Ma
:	m	0.0 0	atillen
tan Ci	Mordon	salishory M.a	1/17/3
DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
16-38	1 lount t	tope (cm) Stockton	1º1d.
ÜRE	ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNA	
arton - n	ew Chruch	DATE SEP 2 2 '58 Cirthun &.	Tunite.

15M 10/57

TO FUNERAL DIK page 3 shauld B TO HOSPITAL OR

VS A15 (4) 15M 10/S7

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10717

**CERTIFICATE OF DEATH** 

10714

Reg. Dist. No.

1	DIACE OF DEATH O. COUNTY OF THE U	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institute of STATE b. COUNT	ution: Residence before admissing	sion)
	RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write		n)
-	d. NAME OF HOSPITAL (If not in hospital, give street odds	rest)	d. STREET ADDRESS	e. IS RES	IDENICE
1	Peninstitution Peninsula Seneral t	40spital	648 South Solisbi	DI ON A	FARM?
3	NAME OF DECEASED (Type or print)	Middle	OF OF	1 1	Yeor 1958
5	. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In year last birthday)	IF UNDER 1 YEAR IF UND	
	male white WIDOWED		JUNE 1- 1891 (0) 11		Min.
1	Oo. ISUAL OCCUPATION (Give kind of work done 10b KIN butter months of working life, even if retired)	ER SUBPLI	is MARYLAND	12. CITIZEN OF WHAT	COUNTRY?
1	CHARLES MAS	ON	14. MOTHER'S MAIDEN NAME	HOMAS	
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no. or unknown)  [If yes, give wor or dates of service]	AUNE 17.	TAZEL MASON- S	ALISBYRY	MD
	18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a).  33/X  DUE TO	erefras	Chemonkage	INTERVAL BE	
	Conditions, if any, which gove rise to immediate couse (o), stoting the under. lying couse lost. (b)	Governo	red arteriosely		
100	260 X	TRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION O	PERFC	AUTOPSY ORMED?
- 3	OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRE	ED. (Enter nature of injury in Part I or Part II of item 18.)		
10000	20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 While at work	Not while fo	LACE OF INJURY (Hame, form, 20f. (City or town) actory, street, office bldg., etc.)	(County)	(State)
	21. I certify that I attended the deceased alive an 9/25, 19758  ACTUAL SIGNATURE TURNET TO THE SIGNATURE TURNET TURNET TO THE SIGNATURE TURNET T	/	accurred at 2 A.M. from the causes  ADDRESS (Street, city or town		deceased ed above. ATE SIGNED
	PHYSICIAN'S NAME (Type) PA 1	Insly	Ochly 1	nd 9.	26-5
	Principal 9-28-58	St. JOH		to county) Istat	(e)
2	3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Selen	71 1 TO	GISTRAR'S SIGNATURE	

## AT LEGACIONES SATERIANES DE UNALTE - SACILINOSE, 14

		PR. ACCOUNTS STATEMENT		
		Set and the second		
12				
			LANG	to Parks
	NA STATE OF THE PARTY OF THE PA	27 27		

# FOR STATE HEALTH DEPT.

necessary, please if director. Page if of ur files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is received the conficate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral 4 should be for the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained.

TO FUNERAL DIVECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, priar to burial, cremation, ar remayal, and in any event within 72 hours ofter death. VS. AISME

5M 2/57

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10715

	101	7 7 0 7	F11mG254 9	-29-	og et			Reg. Di	ist. No.	
PLACE OF DEATH	Wicomic Wicomic		MARYL	- 11	USUAL RESIDENCE (	where decess	ed lived. If instit b. COUNT	v	ltimo:	
and give nearest	N (If autside corporate limits, write town)		c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (	If outside cor		-		town) V
	isbury					timor	6	037		S RESIDENCE
Brown	St.	f not in ho	spital, give street address)		d. STREET ADDRESS 755	Char	ing Cro	ss Ro	7	N A FARM?
B. NAME OF DECEASED	Fir	st	Middle Burton		Miller	4. DATE OF DEATH	Mon	h -	Doy 22-	Year 19 58
(Type or print)	Leroy	7		- a a	ATE OF BIRTH	-	9. AGE (In years	IF UNDER		NDER 24 HRS.
s. sex	6. COLOR OR RACE	WIDOWE	D DIVORCED		Oct. 24,	1917	lost birthday)		Days Hou	
during most of we Sales	ATION (Give kind of work orking life, even if retired)		kind of Business or in 1bert Marg		11. BIRTHPLACE (Stor	e or foreign (	country)	12. CITI	ZEN OF WH	AT COUNTRY
13. FATHER'S NAME		er		1	. MOTHER'S MAIDEN		oshall			
15. WAS DECEASED	EVER IN U. S. ARMED FO		SOCIAL SECURITY NO.	_	DRMANT	Mille	Addres	Chari	ing Cr	ross R
18. CAUSE OF	DEATH [Enter only one condeath was caused by IMMEDIATE CAUSE (o	STI	for (o), (b), ond (c).] b-arachnoi	d h	emorrhage	-spor	ntaneous	5.	Sud	den.
gave rise to in (a), stating the	if ony, which nmediate cause he underlying (c	)	ONTRIBUTING TO DEATH	BUT NO	FRELATED TO THE TER/	MINAL DISEAS	SE CONDITION G	VEN IN PAR	T 1(o) 19, W. PE	AS AUTOPSY
200. EXTERNAL PRIMARY OF CAUSE OF DEA	CONTRIBUTING [	0b. DESCRI	BE HOW INJURY OCCURR	RED. (Ente	er noture of injury in Po	ort I or Port I	of item 18.)		YES [	3 NO 🗆
20c. TIME OF I		Whi		PLACE foctory	OF INJURY (Home, for, street, office bldg., et	rm, 20f. (Cit	y or town)	(Co	unly)	(Stole)
21. I certify	y that I took chorge ath resulted from:						nspection 🔀	Inqui	the second law or	and in my
ACTUAL SIGNATURE	Engl	R	~		M.D. CHIEF MEDICAL				DA	TE SIGNED
EXAMINER'S NAME (Type)	Earl L	Roy	yer, M.D.		DEPUTY MEDICA		-	9-23	3-58	
220. BURIAL, CREM REMOVAL ISPO BUR 12	ATION, 226. DATE THERE	OF	22c. NAME OF CEMETER		National	L E	Balto.,	or county) Md.	(	State)
23. FUNERAL DIREC	CTOR'S SIGNATURE		ADDRESS		24o. RE	C'D BY REGIS		ISTRAR'S SI		
Howard	H. Hubbar	d 4	107 Wilken	IS A	ve. 2 DATE	SEP 2 5	5 '58	Criting	S. Krau	A.

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However H. Jandhey L. 1707 Hallens Ave. Shill Held

VS A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10719

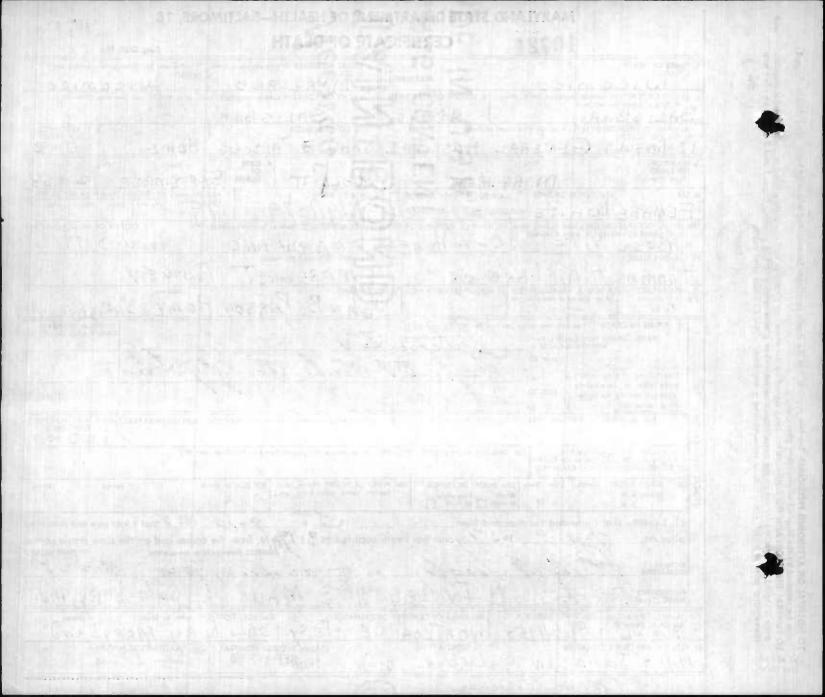
CERTIFICATE OF DEATH

10716

	Keg. Dist. 146.
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
Wicomico MARYLAND	manulana Wic.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Saliabunu	Salishum 12
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE
Keninsul Allenenal Hospita	1 b d 4 Wicomied VES NO
3. NAME OF First Middle	Lost 4. DATE Month Day Year
(Type or print) B.	Mill DEATH Sept. 19th 19 58
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Days Hours Min
temale White WIDOWED   DIVORCED	July 18,1883   lost pirithdoy)   Months   Days   Hours   Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
House Work at Home None	R.D.# Snow Hill Md USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Isaac James Bowen	Pricella Petitt
	r. Lue Mills (Husband) 604" Wicomico St
No	Salisbury, Maryland Wicomico St
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which )  (b)	Intestinal Hemorbays ONSET AND DEATH
gove rise to immediate couse (a), stating the under-lying couse lost.  DUE TO  (c) Attached	got a heat direion
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING COURSE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	ED. (Enter nature of injury in Port 1 or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to Mhile Not while for work of work to the p.m.	LACE OF INJURY (Home, form, potory, street, office bldg., etc.) (City or town) (County) (Stote)
21. I certify that I attended the deceased from 9 9	
alive an 9-9-, 19.58, and that death	h accurred at 1120 M, fram the causes and an the date stated above.
(IN Di 1 1 11	ADDRESS (Street, city or town, stole)  DATE SIGNED
SIGNATURE CHARLES	M.D. Sept. 19th1958
NAME (Type) Dr. Andrew C. Nitchell	Maryland Ave. Salisbury, Maryland
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote)
Burial Sept. 22/58 Parsons Co	emetery Salisbury, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
HOLLOWAY & COMPANY SALISBURY MAI	RYT. AND DATESEP 2 2 '58 arthur I. Know.
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Marie Commission				
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death.



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10722

CERTIFICATE OF DEATH

		***						Reg. Dist	. No.
1. PLACE OF DEATH a. COUNTY	7.9		MARYL	- 11	. USUAL RESIDENCE (WI		lived. If instituti		before admission)
	icomico				Marylar				ester
RURAL ond give	(If outside carporate limit nearest tawn)	s, write c.	LENGTH OF STAY IN	N 1b	c. CITY OR TOWN (If a	outside corpore			
	sbury		5 mo. 7 d	lays	Snow H	111	2	3 X-	2
OR INSTITUTION	PITAL (If not in hospital, gi Head State I				d. STREET ADDRESS  Market	Ctmast			e. IS RESIDENCE ON A FARM YES NO
3. NAME OF	First								
DECEASED (Type or print)	George		Middle Hale	es l	Richardson	4. DATE OF DEATH	Septem		Doy Yeor 22 1958
5. SEX Female	6. COLOR OR RACE	7. MARRIED			January 10.		O. AGE (In years lost birthdoy)  8/2 yrs.		YEAR IF UNDER 24 H
	ION (Give kind of work d	-						12. CITIZ	EN OF WHAT COUN
House	orking life, even if retired)	Cer	Home		Maryla				U.S.A.
3. FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME			
John	Stewart Hale	25			Henriett	a Hoos	ier		
	VER IN U. S. ARMED FOR	ES? 16. SO	CIAL SECURITY NO.	17. INFO	RMANT		Add	ress	
Unit No	(If yes, give wor or dotes of se	(Va	one	]	Hospital Rec	cords,	Salisbu	ry, Ma	ryland
	EATH [Enter only one cou	se per line f	for (a), (b), and (c).]						INTERVAL BETWEEN
PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Ar	terioscle:	rotic	cardiovasc	ular d	isease		Years
142d.	DUE TO								
Conditions, if	ony, which ) (b)	Ar	terioscle:	rosis	, generaliz	ed			Years
gove rise to	immediate (								
lying couse los	g me under-								
PART II. O	THER SIGNIFICANT CONE	DITIONS CON	TRIBUTING TO DEAT	TH BUT NO	OT RELATED TO THE TERM	NAL DISEASE	CONDITION GIV	FN IN PART	I(e) 19. WAS AUTOF
[CA16]	Cerebral th	rombos	is						PERFORMED:
OR CONTRIBUTION (IF EITHER, NOTIL	YAS UNDERLYING DIG CAUSE OF DEATH OF MEDICAL EXAMINER	20b. DESCRI	BE HOW INJURY OC	CURRED. (	Enter noture of injury in	Part I or Part	II of ilem 18.)		
PART II. O	10.	While	Not while of work	PLACE factor	OF INJURY (Home, form y, street, office bldg., etc	20f. (City (	ar town)	(Co	ounty) (St
21. I certify	that attended he	deceased	fram April	14	, 1958 , to S	ent. 2	2 19 58	3.that I la	ist saw the dece
alive on_Se					courred at 9:30	_			
		n	,				eet, city or town,		DATE SI
ACTUAL SIGNATURE	IV. W	ul	1	44.5	Deer's He	ead Sta	te Hosp	ital	9/22/
SIGITATORE				M.D					
PHYSICIAN'S NAME (Type)	L. V	. Malo	dve, M. D.		Salisbury	Mary	rland		
220. BURIAL, CREMAT DEMOVAL (Specification)		158/	Thateral	TERY OR C	REMATORY	22d. LOCAT	ON (City, town,	or county)	(Stote)
23. FUNERAL DIRECTO	R'S SIGNATURE	1	ADDRESS	1.	24a. REC	BY REGISTR		STRAR'S SIGN	
Morning &	Wennis C	Lynnes	- 3/19/	2//	DATE	2 4 58	avi	Chur S. F.	Traves
1 S CENTRAL 1	The state of the s	12000	Total !	JA.					

neral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours after death. Page 4 by the hospital or attending physician.

PROR: After this certificate has been signed by the attending physician and campletely filled in by the tacked far use as the burial-transit permit. Then please-emave carban papers. Pages 1 and 2 1 to burial, crematian, ar remaval, and in any event within 72 hours after death. TO FUNERAL DIV VS A15 (4) 15M 10/57

the registrar priar

COTOUR LAN The first state of the life of the state of the Market Say beauty productions and the Say Say 

		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
		10723 CERTIFICATE OF DEATH  Reg. Dist. No.
		1. PLACE OF DEATH o. COUNTY O. COUNTY O. STATE  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE  MARYLAND  D. COUNTY
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)  RUBAL and give nearest lown)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)
	82	d. NAME OF HOSPITAL (If foi introspital, give street address) OR INSTITUTION PRINTS UTA GENERAL HOSPITAL  d. STREET ADDRESS ON A FARMS YES NOW YES NOW  ON A FARMS YES NOW  YES NOW  YES NOW  ON A FARMS YES NOW  YES NOW  ON A FARMS YES NOW  YES NOW  ON A FARMS YES NOW  YES
6		3. NAME OF DECEASED (Type or print)  Middle Robins  4. Date Month Doy Year OF DEATH SENTENDER 17 19 50
		5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED   8. DATE OF BIRTH  FR. Male  Colored WIDOWED   DIVORCED   1-2-1903   9. AGR (In years   IF UNDER 14 FER)   1. Months   1.
ofter death.		10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  LUNCH ROOM OF ECATIO RESTURBATION ARY AND SITE OF WHAT COUNTRY?
urs ofter		13. FATHER'S NAME DEILLEN 14. MOTHER'S MAIDEN NAME NAME NAME NAME
22		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Address
ant with		18. CAUSE OF DEATH [Enter only one couse per line for (A). (b). and (c).]  PART 1. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) COCCO WEAV-QUEULOK OCCUPANTION  IMMEDIATE CAUSE (a) COCCO WEAV-QUEULOK OCCUPANTION  INTERVAL SETWEEN ONS AND DEATH  ONS AND DEATH
d in any ev		Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last.  (b)  DUE TO  Lyperthuseu o Car deov-ascular 1 450000 6-8-44
removal, and	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN THE TERMINAL DISEASE CONDITION GIVEN GIVEN GIVEN GIVEN GIVEN GIVEN GIVEN GIVEN
0		20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)
crematian,		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work at wark at work at w
burial, cr		21. I certify that of deceased from 1950, to 1950, that I last saw the deceased alive on 1950, and that death occurred at 2 P.M. from the causes and an the date started above.
		ACTUAL RULES S. Lardway h. M.D. DINELLY F. R.C. 9/17/58
the registrar prior	1	PHYSICIAN'S RUFUS S. GARANERIR SAHISBURY Md
the reg	18	220. BURIAL, CREMATION, 226. DATE THEREOF 220. NAME OF CEMETERY OR CREMATORY BERLY (Store)  DURIAL (Specify) 9-22-58 EVERGREEN CEMETERY BERLY TO THE
(4) '57	4	27. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE

CALE OF DEATH	155541	
	en,	

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A.X	
1XCO	

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10721

10724 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE b. COUNTY. MARYLAND Wicomico comico b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) days Salisbury White Haven d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO Springhill Sanitarium. NAME OF First Middle Lost 4. DATE Month Day Year DECEASED (Type or print) DEATH Rodman Sept. GIIV Harvey 19 5. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthdoy) Hours Min WIDOWED DIVORCED | Mala yrs. 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)

10b. KIND OF BUSINESS OF INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? American Cotton Co Agent 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Blackwell Washington Rodman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address No Rodman. Witehaven. 18. CAUSE OF DEATH [Enter only one cause peculine for (a). (b). and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: RONAR IMMEDIATE CAUSE (a) 420.0 DUE TO Canditians, if any, which gave rise to immediate DUE TO couse (a), stating the underlying couse lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) o. m While Not while at work at work p. m. 1997. to Sept 17, 1950, that I lost saw the deceased 21. I certify that I attended the deceased from and that death occurred at 130AM, from the couses and on the date stated above glive on ADDRESS (Street, city or town, state) ACTUAL Nanticoke PHYSICIAN'S NAME (Type) chard Saunders 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (State) REMOVAL (Specify) Flushing Cem, Flushing. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 

Bivalve. Maryland

240 REC'D BY REGISTRAR

DATSEP 2 2 '58

24b REGISTRAR'S SIGNATURE

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	MITTARE ATTIANT OF HEATTH SATTIM	
	CERTIFICATE OF DEATH	
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		of let he property to the plant of the second of the secon

AL STOMBLAR SELECT OF REAL STAR WILLIAMS PERSONAL PROPERTY.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10726

CERTIFICATE OF DEATH

Reg. Dist. No.

10723

1. PLACE OF DEATH o. COUNTY			2. USUAL RESIDENCE (W)			
Wicomi		MARYLAND		ARE	505	5ex
b. CITY OR TOWN (If outside cor RURAL and give nearest town)	porote limits, write c. LEN	IGTH OF STAY IN 16	c. CITY OR TOWN (IF a	outside corporate limit	s, write RURAL and gi	ve nearest town)
SALISBUR	4	1 DAY	FRAT	VKFORD	) 46	×-3 V
d. NAME OF HOSPITAL (If not in	haspital, give street address)		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
1 50 21. 2101 01 0	NERAL HO	SPITAL	BIR	•		YES NO
3. NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Month	Day Yeor
(Type or print)	MOND	IW.	SAVAGE	DEATH SE	PTEMBER	15 1958
5. SEX 6. COLOR	OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9 AGE	111	YEAR IF UNDER 24 HRS.
MALE WH	WIDOWED	DIVORCED	5/6/190		2 yrs. Months L	Days Hours Min.
10a. USUAL OCCUPATION (Give kind during most of working life, eve	id of work done 10b. KIND O	F BUSINESS OR INDE	STRY 11. BIRTHPLACE (Stole	or foreign country)	12. CIT12	EN OF WHAT COUNTRY?
FARMER	YOU ATRY		DELAN	ARE		H.SA.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	NAME		7 17 0,1
THOMAS	SAVAC	3 7	FUA	TYRE	5	
15. WAS DECEASED EVER IN U. S. A		SECURITY NO. 17.	INFORMANT		Address	
(Yes, no, or unknown) (If yes, give we	or or dates of service)	7	MRS. MAUDE	SAVAC	SE TRAN	KFORD, BU,
18. CAUSE OF DEATH [Enter of	only one couse per line for (o	), (b), and (c).]	//	1		INTERVAL BETWEEN
PART I. DEATH WAS CA	AUSED BY: E CAUSE (o)	rebral	/ demos	whas.		ONSET AND DEATH
33/X	DUE TO	0		1		
Conditions, if ony, which	Can	chal	1 A liono	200		- 4 PM - 2E
gove rise to immediate	DUE TO		/	W17 40		
lying couse lost.	6 5	sentia	Herber	toman		
	CANT CONDITIONS CONTRIB	BUTING TO DEATH BU	NOT RELAXED TO THE TERMI	INAL DISEASE CONDI	TION GIVEN IN PART	I(o) 19. WAS AUTOPSY
PART II. OTHER SIGNIFIC			00	THE DIGETICE COIND	THE CONTENT OF THE CO	PERFORMED?
20a. ACCIDENT WAS UNDERLY	ING [] 20b. DESCRIBE H	OW INJURY OCCURR	D. (Enter noture of injury in	Port I or Port II of ite	m 18 1	YES NO E
OR CONTRIBUTING CAUSE (	OF DEATH I		so temes notice of injerty in			
20c. TIME OF INJURY Month,	Doy, Year 20d. INJURY C		ACE OF INJURY IHome, form	20f. (City or town)	(Co	ounty) (State)
Hour o.m.		at while wark	ciory, sireer, office blog., erc	"//		
21. I certify that I after	adad the deceased fro	m 801 8	14 10/1/10	1018/19	19 5 Shat 1 lo	
1. 1. 1.	157 1951	1	1 16	in en il	,	ist saw the deceased
alive an	-9-1-1-1-1-1	ana mar aear	accurred at	MODRESS (Street, city		e date stated above.  DATE SIGNED
ACTUAL 3	· XX1		1-0.	TOURESS STITEET, CITY	or lown, store)	DATE SIGNED
SIGNATURE	of John	~~	M.D.	bond.	Tex. U	47:13-175
PHYSICIAN'S					0	
NAME (Type)	TE THEREOF Lee					
220. BURIAL, CREMATION, 22b. DA	1101-0 1	O'Y ANA	CAMETERY	22d. LOCATION (Cit	y, lown, or county)	(Stote)
23. FUNERAL DIRECTOR'S SIGNATUR	<del></del>	DDRESS	Corried	D BY REGISTRAR 2	24b. REGISTRAR'S SIGN	NATURE
Mata	They France	elson 1 5	DATE	3.0 - 100		
- Warow +	July Ville	A	J// DATE	- 4	arthur & &	Total

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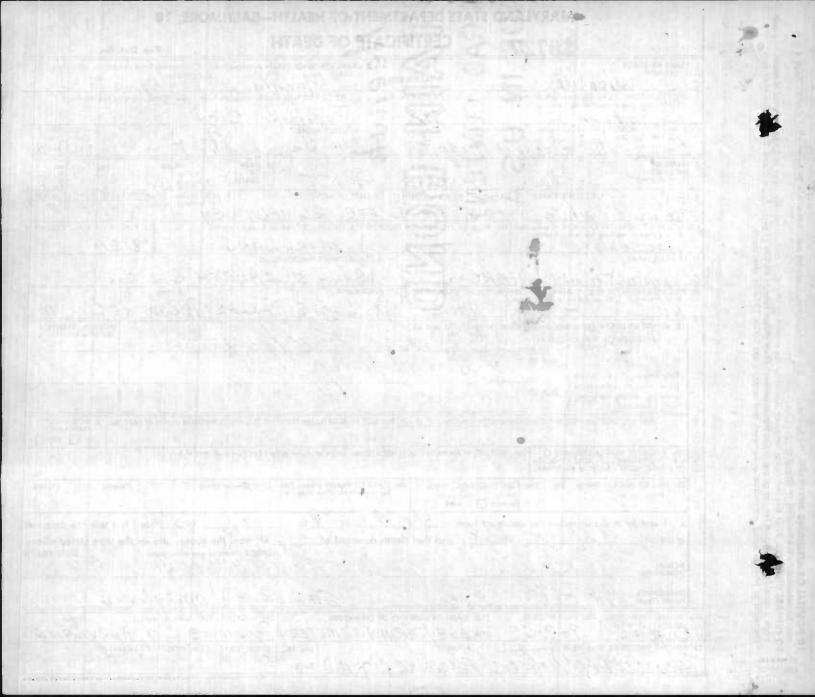
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ARYLAND	STATE DEPARTMENT OF	HEALTH-BALTIMORE,	18
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10724

		1072	7	CERT	IFICA	TE OF DE	ATH			Reg. Di	ist. No.		
	PLACE OF DEATH	com o		MAR	YLAND	2. USUAL RESIDEN	NCE (Where	deceased live	d. If institution b. COUNTY	n: Resider	nce befor	re odmiss	ion)
	b. CITY OR TOWN (III	f outside corporate limit arest town)	s, write	c. LENGTH OF STATE	Y IN 16	c. CITY OR TO	WN UF Sulsic	le corporate l	limits, write RI	RAL and	give nea	rest town	1) 1
	d. NAME OF HOSPIT	AL (If not in hospital, g	-	Hespita	-/	d. STREET ADD	RESS e C'h	1 81	teat				IDENCE FARM?
	NAME OF DECEASED (Type or print)	Ida	•	HARGI	_	Scott	4.	DATE OF DEATH 5	Chenh	h	Doy	,	Yeor 19 <i>58</i>
7	Emole.	6. COLOR OR RACE	WIDOW	4	ED 🗆	B. DATE OF BIRTH	e, 184	9 8	GE (In years ist birthday) 9 yrs.	Months	1 YEAR Doys	Hours	R 24 HRS. Min.
	HOUSEU  FATHER'S NAME	ON (Give kind of work of ing life, even if retired)	lone 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPLAC		AND	r)		IZEN O		COUNTRY
4	ILLIAM Y	THOMAS		PGIS	0 117 18				H Co	) डोट	=N	_	
(Ye	NO (	(If yes, give wor or dates of fe	reice)	NONE	MR	S SARA	S. Di	LLAS	Poco	omo	KE C	City	mi
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	11	ne for (o), (b), and (c	24	The	rafe	licer	nen		INTE	RVAL BE	TWEEN DEATH
	Conditions, if or gove rise to in couse (o), stoting lying couse lost.	mmediate (	00	yssi	Gll	x apr	2011						
CATION	PANT II. OTH	IER SIGNIFICANT CON	OITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO TH	IE TERMINAL	DISEASE CO	NDITION GIV	EN IN PAR	T 1(o) 1	PERFO	AUTOPSY PRMED?
CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBĘ HOW INJURY (	OCCURRED	). (Enter nature of in	njury in Port	l or Port II of	item 1B.)				
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yeo	r 20d. In While of work	Not while of work	20e. PLA foci	CE OF INJURY (Hor tory, street, office bl	me, form, 2 dg., etc.)	Of. (City or to	own)	(	County)		(Stote)
	21. I certify the alive on	at l attended the	decease _, 19_			occurred at			e causes a city or town, s	nd on t		e state	deceased ed above ATE SIGNES
	PHYSICIAN'S NAME (Type)	4715	ni	ele		Sn	LISIZ	URY	MAR	yhn	ND		
220	BURIAL, CREMATION REMOVAL (Specify) BURIAL	225-DATE THEREO	8	PRESBYT	ERIAL	CREMATORY N CEMET	- 1	COM	(City, town, o	county)	MAR	(Stote	e) AND
23.	FUNE AL DIRECTOR'S	SIGNATURE	1	ADDRESS	1100 0	S 1 44 1 24	a. REC'D BY	REGISTRAR	24b. REGIS	TRAK'S SI	GNATUR		

VS A15 (4) 15M 10/57



VS A1S (4) 1SM 9/SS

CERTIFICATE OF DEATH

10725

				Reg. Dist. No.
1. PLACE OF DEATH	County			on: Residence before admission)
o. COUNTY Salisbury	Wicomico MARYLAN	Maryla	and b. COUNTY	Worcester
b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town)			utside corporate limits, write RI	JRAL and give nearest town)
Salisbury	5 months	Berlin.	Md.	23x-2
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION Deer's Head State		d. STREET ADDRESS	40	e. IS RESIDENCE ON A FARM?
		Route		YES M NO
	seph Burt	Short	4. DATE Mont	
M-7- N-	MARRIED MEVER MARRIED [		9. AGE (In years lost birthdoy) 80 yrs.	Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work don	ne 10b. KIND OF BUSINESS OR IN	NDUSTRY 11. BIRTHPLACE (Stole	or foreign country)	12. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired)		Frankford,	Delaware	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
George E. Short		Martha	Rickets	
15. WAS DECEASED EVER IN U. S. ARMED FORCE	57 16. SOCIAL SECURITY NO. T	7. INFORMANT	Addr	033
(Yes, no. or unknown) (If yes, give war or dates of service Unik.e	ce)	Deer's Head St	tate Hospital	Records, Salisbur,
18. CAUSE OF DEATH [Enter only one couse				INTERVAL BETWEEN INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Gastro intest	inal hemorrhage	due to	12 hrs.
DUE TO				
Conditions, if ony, which ) (b)_	Intestinal ma	lign neoplasm		Unk.
gove rise to immediate DUE TO				
lying couse tost. (c)				
PART II. OTHER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	EN IN PART I(o) 19. WAS AUTOPSY PERFORMED?
3 260 x	Diabetes mellity	s. Residual lef	Arterioscleros	YES NO M
200. ACCIDENT WAS UNDERLYING   20 OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCU			
20c. TIME OF INJURY Month, Doy, Year Hour a. m. 19	20d. INJURY OCCURRED While Not while of work of work	PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.	20f. (City or town)	(County) (State)
21. I certify that I attended the d	eceased from April 1	1. 19 58 to Se	ent. 75. 1958	that I last saw the decease
alive on Sept. 15,				
	, , , and mar de		ADDRESS (Street, city or town,	
ACTUAL SIGNATURE	THE	M.D. Salisbur		9/15/58
JUNATURE			22.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	
PHYSICIAN'S G. Kosi	mahly, M. D.	Deer's H	Head State Hos	pital
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETER	1 1	22d. LOCATION (City, town, o	r county) (Stote)
DURIA 19-19-3	8 WERGREL		BERLIN, T	119
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			TRAR'S SIGNATURE
J. F. Stewart FUNEIHI	Home, JAlisi	bury md DATE EP	27.78	- 9 4. no.

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VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10729

**CERTIFICATE OF DEATH** 

Rea. Dist. No

10726

1	. PLACE OF DEATH o. COUNTY	icomico		MARYL	AND	2. USUAL RESIDENCE (WHO STATE Mary)		d lived. If institution b. COUNTY		nce before		
1	b. CITY OR TOWN ( RURAL ond give no Salia		ts, write	c. LENGTH OF STAY I	- 1	c. CITY OR TOWN (IF o		orote limits, write R	URAL ond	675	o / ,	
		TAL (If not in hospital, g Head State				d. STREET ADDRESS 1807 Whi	tmore	Avenue			ON A	
3	NAME OF DECEASED (Type or print)	Fir In	ez	Middle Flor	a	Smith	4. DATE OF DEATH	Septe Septe		Doy 7		rear 9 58
5	Female	6. COLOR OR RACE Colored	7. MARR	DIVORCED	-	Feb. 12, 19	27	9. AGE (In years last birthday) 31 yrs.	Months Months	Days	Hours	R 24 HRS. Min.
1	House		done 10b.	KIND OF BUSINESS OF	INDUS	Maryla	nd	country)	12. CI	TIZEN OF	S.A.	
1	3. FATHER'S NAME Lee,	Hugh				14. MOTHER'S MAIDEN N Bagwel	_	су				
1		R IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO.	17. 1N	FORMANT Hospital Rec	ords,	Salisbur		aryla	nd	
	Conditions, if o gove rise to i couse (o), stoting lying couse lost.	mmediate the under-	, Squ	amous cell gener	aliz	of cervix u ed metastase:	3		'EN IN PAI	RT 1(o) 19.	WAS A PERFOR	NUTOPSY
STATE OF THE PERSON	20c. TIME OF INJUR	CAUSE OF DEATH MEDICAL EXAMINER)	or 20d. IN	BJURY OCCURRED	20e. PLA	CE OF INJURY (Home, form ory, street, office bldg., etc.	, 20f. (City			(County)		(Stote)
		tember 7	decease _, 19_5	58, and that a	death	, 19.58, to S accoursed at 9:15 b. Deer's Her Salisbury	P.M. from ADDRESS (S ad Sta	m the causes of treet, city or town, ate Hospi	ind an ( stote)		state	
	20. BURIAL, CREMATIO REMOVAL (Specify) 3. FUNERAL DIRECTOR	9////S		22c. NAME OF CEMENT	ERY OR	urn	22d. JOCA D BY REGIS	TION (City, town, of Liver) TRAR 24b, REGIS	ar	GNATURE	[Stote]	rd.
1	Crlinge	en J. Th	elle	GN Me	nha	LE ST DATE	3 X X	38	En L'as	1 8. th	inece	

		PARENTAL STREET STREET STREET
	William to	CENTRED CENTRED
	Harris Co.	
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### FOR STATE HEALTH DEPT.

Files. Health, eath. If any delay is ne, and 3 to the funeral dege 5 may be retained found 2 with the State Bold State death. with the be executed within 24 hours ofter death. pencil in Item 18. Give Pages 1, 2, and is Office along with form PM3. Page 5 r is Office along with form PM3. Page 5 r is onermil. File pages 1 and 2 50 the ward "pending" in pencit in the Chief Medical Examiner's Office als 3 shauld be used as a burial-transit cremation. MEDICAL EXAMINER: writing to the Page rded TOR: - 6

FUNERAL E 70 **VS. A15ME** 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Disf. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Wicomico Maryland MARYLAND Wicomico b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury Salisbury ON A FARE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Mount St. Peninsula General YES NO Hospital NAME OF First 4. DATE MiddleStephens Month DECEASED 195 0 ... (Type or print) DEATH Thomas Henry 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 29" birthday) April 30,1929 Months Days Hours Min WIDOWED [ DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) North Carolina U.S.A. Police officer. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME James Clayton Stephens Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, nar unknown) 238-36-657BMrs. Ann E. Stephens Same 18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Hemorrhage due to bullet wound of right IMMEDIATE CAUSE (o) sub-clavian artery. DUE TO Conditions, if ony, which gove rise to immediate cause DUE TO (o), slating the underlying couse lost PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CATION PERFORMED? NO [ 200. EXTEXNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) in neck while making MEDICAL Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY 20f. (City or town) (County) (Stole) factory, street, office bldg., etc.) SP Not while Salisbury Wicomico of work of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes . Accident Suicide Homicide X Undetermined manner DATE SIGNED designated ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER Royen, EXAMINER'S DEPUTY MEDICAL EXAMINER TO NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) Salisbury. Wiso. 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR

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1958 .... Let. Ken. Park ..... Dell

**ADDRESS** 

111728

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO TO 19 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours 12. CITIZEN OF WHAT COUNTRY? USA Address LLEGE TARK INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO (County) (Stole) 195 that I last saw the deceased M, fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED (Slote) 10 240. REC'D BY REGISTRAR 246. REGISTRARY SIGNATURE

Orthun & Fleaux

VS A15 (4) 15M 10/57

23. FUMERAL DIRECTOR'S SIGNA

VS A15 (4) 15M 9/S5

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10732 CERTIFICATE OF DEATH

Reg. Dist. No. 0730

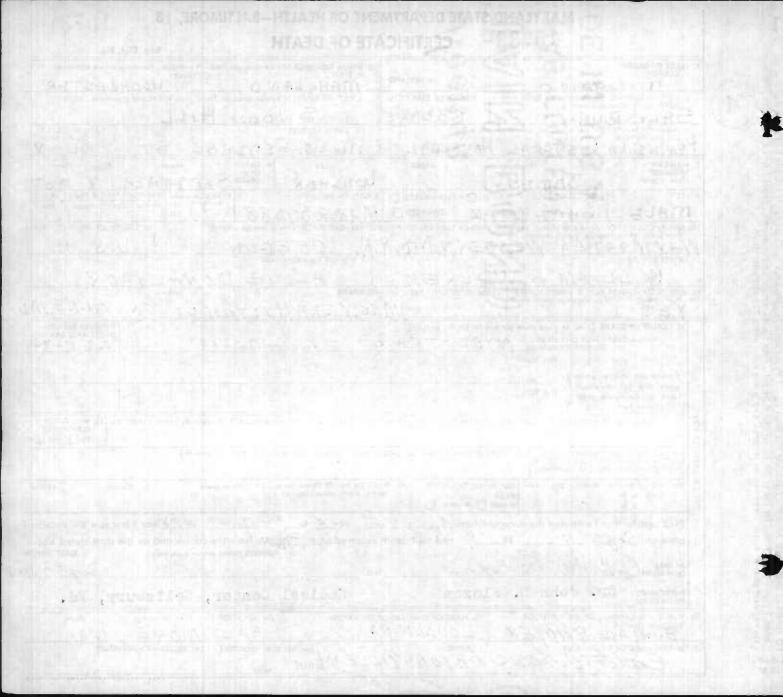
1. PLACE OF DEATH a. COUNTY	Lcomico	MARYLAND	2. USUAL RESIDENCE (W		J. If institutions b. COUNTY		fore admission) Omico
RURAL and give near	outside corporate limits, write est town) alisbury	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate li	mits, write RUR	AL and give n	earest town)
d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, give street emberton Roa	address) Q	d. STREET ADDRESS Pemb	erton Re	oad		e, IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First LILLIE	Middle ESTHER	TWILLEY	4. DATE OF DEATH	Month SEPT		9th 19 58
5. SEX Female	White widow		B. DATE OF BIRTH Feb. 20, 187	4 9. AC	t birthday) A	Months Days	R IF UNDER 24 HRS. Haurs Min.
100. USUAL OCCUPATION during most of workin House Woj	(Give kind of work done 10b. g life, even if retired)  **R at Home	None		or foreign country			OF WHAT COUNTRY?
13. FATHER'S NAME			14 MOTHER'S MAIDEN	NAME			
Benjamin H	H. Hearn	Marie She	Mary El	len Hea:	rn		
15. WAS DECEASED EVER	N U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	s. Huth T. H Drive -	earn(Dar Salis	ughter oury,	)Pembe Maryla	erton
PART I. DEATH	[Enter only one cause per li WAS CAUSED BY: WMEDIATE CAUSE (a)	he for (0), (b), and (c).]	, ,	disea	de i	IN	TERVAL BETWEEN USET AND DEATH
Conditions, if ony gave rise to improve (a), stating the lying cause last.  PART II. OTHE	nediate (		T NOT RELATED TO THE TERM	MINAL DISEASE CON	NDITION GIVEN	I IN PART I(a)	19. WAS AUTOPSY PERFORMED?
PART II. OTHER  200. ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY M	UNDERLYING   20b. DES	CRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in	Part I or Part II of	item 18.)		YES NO X
20c. TIME OF INJURY Hour o. m. p. m.	While	NJURY OCCURRED 20e. Pl	LACE OF INJURY (Home, for scroory, street, office bldg., et	m, 20f. (City or to	wn)	(County	r) (State)
actual SIGNATURE	l attended the deceas		, 19.53, to accurred at 11:3		city or town, sta	d an the d	saw the deceased ate stated above.  DATE SIGNED  21. /1958
PHYSICIAN'S Dr.	L.V. Sohle	r	303 East	Delmar	, Mary	land	
220. BURIAL, CREMATION, REMOVAL (Specify) BUT181  23. FUNERAL DIRECTOR'S	Sept.21,195	8 Parsons	Cemetery	Salisi	bury,		
HOLLOWAY &			RYLAND DATE	D BY REGISTRAR		2 8 trans	

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TO FUNERAL DIRY TOR: After this certificate has been signed by the attending physicion and completely filled in by the freezy director	-	*

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10731 10733 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND DICOMICO MARH JORCESTER b. CITY OR TOWN (If aulside carporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest town) 23 DA45 NOID d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS . IS RESIDENCE ON A FARM? ENINSULA FEDERA YES NO 3. NAME OF DECEASED Middle 4. DATE Year (Type or print) WALKER DEATH 1958 9. AGE (In years lost birthdoy) 5. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Months Doys WIDOWED W DIVORCED | yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 15 WAS DECEASED EVER ATONSVILLE, CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) YSENTFAIC DAYS 70,2 DUE TO Conditions, if ony, which ] gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) WEDICAL 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. Not while ot work of work 1958 to 21. I certify that I attended the deceased fram Assan 195 8 that I last saw the deceased , and that death occurred at 1,2%. M, from the causes and an the date stated above. ADDRESS (Street, city or town, stole) DATE SIGNED ACTUAL SIGNATURE Dr. John M. Bloxom PHYSICIAN'S Medical Center, Salisbury, Md. NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) OUDON PAR 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE



17	X		MARYLAND S MEDICAL	EXAMINER'S	CERTIEIC	CATE OF DEAT	RE, 18 'H	10732
HEALTH D	EPT.	1.	PLACE OF DEATH	F11mG2)4 10-1	2. USUAL RESIDEN	NCE (Where deceased lived. If	NEL ALLO	before admission)
20 00 00 00 00 00 00 00 00 00 00 00 00 0	1	_	Wicomico	MARYLAND		wary Land	OUNTY Wico	
是是	/	1	CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TO	WN (If outside corporate limits	, write RURAL and gir	re neorest town)
in the state of th	,	_	Salisbury	-		Nanticoke		
چ بې دې	94	1	. NAME OF HOSPITAL OR INSTITUTION (If not in hosp		d. STREET ADDI	RESS		e. IS RESIDENCE ON A FARM?
eralls and a	Ode	-	Peninsula General Hos	pital	1			YES NO
y delay he fun e retain he Stat er deat			NAME OF First DECEASED Type or print) Levin	Middle L	Walter	4. DATE OF DEATH	Month i	7- 19 58
to the to		5. 5	EX 6. COLOR OR RACE 7- MARRIED	NEVER MARRIED [ 8.	DATE OF BIRTH	9. AGE (In fast birthda		AR IF UNDER 24 HRS.
d 3 d 3			M MIDOWED	DIVORCED [	Jan. 27		yrs. Manths Pay	Hours Min.
and 2 hid 2 hid 2 hid 2	_	10a	USUAL OCCUPATION (Give kind of work done 10b. Kli	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	(State or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
P. 2.	T	1	Waterman	ter Packer	Mary	land	U.S	
4 8 5. 8 4 /	1	13.	FATHER'S NAME		14. MOTHER'S MAI	DEN NAME		
Pag Pag Pag Pag		1	Levin Thomas Walter		Emi	ly Susan Wal	ter	1000
ile arm		15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17. IN	PORMANT		ddress	
F F G			No	I	ynn Wal	ter, Delmar	Rd. Sal	isburym M
B With			18. CAUSE OF DEATH [Enter only one couse per line for					NTERVAL BETWEEN
in Hem to alan ansit pe			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  OTHER	rushed chest	•		-	noser 10 min.
Office A	V	1	Conditions, if ony, which) (b)					
re crio			gove rise to immediate couse					
in in o			(o), stoling the underlying DUE TO (c)					
ng n		Z	PART II, OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE	TERMINAL DISEASE CONDITIO	N GIVEN IN PART 16	119. WAS AUTOPSY
emo	0	¥						PERFORMEDTO
dico dico		CERTIFICATION	20a. EXTENNAL CAUSE WAS 20b. DESCRIBE	HOW INJURY OCCURRED. (En	ter nature of injury	in Port I or Port It of item 18.)		1.00
Me Me		183	PRIMART LT OF CONTRIBUTING LT			ed in a coll	ision.	
Thi Thing			20.0	JURY OCCURRED 20e. PLAC			(County	(Stole)
ing the Charles as a sign to	88	MEDICAL	6 Hour 9-7-58 While of world	Not while tacks	ghway	Selbyv	ille	Del
Po Po			21. I certify that I toak charge of the re	emains described obav	e, held an Au	topsy , Inspection	M, Inquiry	and in my
ded OR:			opinian death resulted fram: Natural co	ouses [], Accident [	, Suicide	], Hamicide [], Ur	determined mai	nner 🗌
EDICAL Entifica	1		ACTUAL ENEL R	~/	M.D. CHIEF MEDIC	CAL EXAMINER		DATE SIGNED
orty Mid be	d		EXAMINER'S Barl L. Royer	, <b>Q</b> .D.		MEDICAL EXAMINER (	9-9-5	3
Should its		220	BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	2c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City.	lown, or county)	(Stote)
0 9 4 0 9			Burial 9/10/58	Turner's Ce	em.	Nantic	oke Md.	
VS. A15ME		23.	FUNETAL DIRECTOD'S SIGNATURE	ADDRESS			REGISTRÁR'S SIGNA	TURE
5M 2/57	110	6	1. X. M. Jessely B.	ivalve, Mary	land DA	TESEP 1 5 '58	arthur S. H	aud

MEDICAL ENAMERIES CERTIFICATE OF DEATH Water Carrier Committee Co

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10733

70.577	<u> </u>			Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where de-	reased lived. If institution b. COUNTY	n Residence before admission)
Wicomico	MARYLAND	Maryland		Wicomico
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RU	RAL and give nearest town)
Tyaskin	10 yrs.	X Tyaskin		
d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION	address)	d. STREET ADDRESS		Is residence     On a farm?     YES  NO □
3. NAME OF First DECEASED (Type or print) GEORGE	Middle	Lost 4. D.O. O. D.O. D.O. D.O. D.O. D.O. D.O		Doy Year 17 19 58
5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	FUNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOW		3/27/1878	80 yrs.	Months Days Hours Min,
<ol> <li>USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)</li> </ol>	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole or fore	ign country)	12. CITIZEN OF WHAT COUNTRY
	. Quarentine	Maryland		U.S.
13. FATHER'S NAME	Station	14. MOTHER'S MAIDEN NAME		
Unknown		Charlotte	Anne Evans	g .
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT	Addre	T
(Yes, no or unknown) (If yes, give wor or dates of service)		Mary Hearne, T	vaskin. Ma	arvland
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.	pucuolizad.		cleeosis	10 years
PART II. OTHER SIGNIFICANT CONDITIONS.  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DI	SEASE CONDITION GIVE	PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I o	er Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. I Hour o. m. 19 While of wo	Not while for	ACE OF INJURY (Home, form, 20f. tory, street, office bldg., etc.)	(City or town)	(County) (State)
21. I certify that lattended the decease alive on 1 PD 1 192	, and that death			that I last saw the deceased on the date stated above tote)  DATE SIGNED
PHYSICIAN'S Richard H. Sa	unders	Nanticoke	Maryland	9/19/58
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 22d. I	OCATION (City, town, or	county) (Stote)
REMOVAL (Specify) 9/19/58	Robertson (	em. T	yaskin, Ma	arvland
23. SUNERAL DIRECTOR'S SIGNATURE	ADDRESS valve, Mary	24o. REC'D 8Y R	EGISTRAR 24b. REGIST	TRAR'S SIGNATURE

VS A15 (4) 15M 9/55

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	al at Potensiana (IC)		
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		C. A Lind and	Little
A VIEW			

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10735 CERTIFICA

executed within 24 haurs after death. Page 4

uneral director,

TO FUNERAL DIPOLOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld elached for use as the burial-transit permit. Then please remove carban pagers. Pages 1 and 2 the registrar prior to burial, cremation, or remayal, and in any event within 72 hours offer death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

) 1	o. COUNTY Wi.	comico			MARYLAND	o. STATE	ryland	re deceased	lived. If institu b. COUNT	Υ	before od	
	b. CITY OR TOWN (IF RURAL and give ne Salist	outside corporate limi arest town)	ts, write		of stay in 16		TOWN (If our	tside corpore	ote limits, write			
	d. NAME OF HOSPITA OR INSTITUTION Deer's He	ad State I	lospi	tal		d. STREET	ADDRESS	d.			O	RESIDENCE N A FARM?
3	NAME OF DECEASED (Type or print)	Fir			Middle Corzello	lo	st	4. DATE OF DEATH	Septem	onth nber	Doy 17	Year 19 58
S	. sex Female	6. COLOR OR RACE	7. MARR		N MARRIED	B. DATE OF BIRT			AGE (In year last birthday)	Months D	YEAR IF UI	NDER 24 HPS.
11	00. USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b.		INESS OR INDU	STRY 11. BIRTHP		r foreign cou			U.S.	A e
1:	3. FATHER'S NAME  Clinton	n Whye				14. MOTHER'S	s MAIDEN NA					
	S. WAS DECEASED EVER		ervice)	SOCIAL SECU	I 79I	NFORMANT Hospita	al Rec	ords,	Salisbu	iry, Ma:	rylan	d
		mediate (	M		ond (c).] e Sclerc	sis					ONSET A	BETWEEN ND DEATH YOARS
CEPTICIATION	Iying cause lost.  PART II. OTH  Arter  200. Accident was or contributing (IF EITHER, NOTIFY I	er significant con ciosclerot:	ic Ca	rdiova	scular D					IVEN IN PART 1	PE	AS AUTOPSY RFORMED?
MEDICAL CE		MEDICAL EXAMINER)  Month, Day, Yes  19	ar 20d. IN While at work	NJURY OCCUR Not while	le fo	ACE OF INJURY ( ctory, street, affic	(Home, form, e bldg., etc.)	20f. (City o	or town)	(Co	unty)	(Stote)
/		of I attended the	, 19	58, on	d that death	accurred at	2:00P	M, from DDRESS (Sire ad Sta	the causes et, city or town te Hosp	and an the		
2	20. BURIAL, CREMATION REMOVAL (Specify)				OF CEMETERY O		2	22d. LOCATIO	ON (City, town,		(:	itate)
23	Burial  3. FUNERAL DIRECTOR'S	9/21/5	0	St.	Lukes s	Territory		eref		I to C	IATURE	d
N	.I. Chatm	an, Jr.	1701	McCu	lloh St		DATSEP			Thun & A		
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uneral director,

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the page 3 shauld:

Page 3 shauld:

Etached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 is the registrar prior to burial, crematian, ar remaval, and in any event within 72 hay's after death.

VS A15 (4) 15M 10/57

	10737	CERTIFICA	ATE OF DEATH		Reg. Dist. No.
1,	PLACE OF DEATH  COUNTY  COUNTY	MARYLAND	2. USUAL RESIDENCE (Where	b. COUNTY	Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		ide corporate limits, write RUR	
	SALISBURY	Lweek	Id SAI	15 BURY	
1	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION ENERAL	tos PITAL	d. STREET ADDRESS	AMDEN CO	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF First DECEASED (Type or print)  NINNIE	NELSON	WINDSOR 4	DATE Month OF DEATH SEPTEN	Day Year 1519.58
5.	SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED DIVORCED DI	B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
100	USJAL OCCUPATION (Give kind of work done 10b. plyling most of working life Riven if relired)  HOUSE WITE OR	- ()	STRY 11. BIRTHPLACE (Stote or DE LAWA		12. CITIZEN OF WHAT COUNTR
13.	FATHER'S NAME John NELSON	/	14. MOTHER'S MAIDEN NAM	BLESSI	NG
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	ester D. W.	indsor -	SAME
	18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY:	ne for (a), (b), and (c).]	0.1.	0.1	INTERVAL BETWEEN ONSET AND DEATH
	443 X DUE TO	1) exerce	e Ordiova	ascider W	eseare 8 yr
	Conditions, if any, which gove rise to immediate (b)				
	couse (o), stoting the <u>under-lying</u> Couse lost.				
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN	PERFORMED?
TIFIC.	20a. ACCIDENT WAS UNDERLYING [ 20b. DESC	CRIBE HOW INJURY OCCURRE	. (Enter nature of injury in Part	I I or Part 11 of item 18.)	YES NO P
	OR CONTRIBUTING CAUSE OF DEATH		0	1 1	
MEDICAL	Hour a.m. While	NOT while to ot work	ACE OF INJURY (Home, form, clory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
-	21. I certify that I offended the decease	1	19541079	1.15 1958	that I last sow the deceas
	olive an Opt 14 192	and that death	occurred at 12 394	M, from the causes on	d an the dote stated obo
	ACTUAL SIGNATURE A CALL OF	Muor	M.D. Jales	DRESS (Street) city or town, ste	DATE SIGN
	PHYSICIAN'S DAVIDE TO	LMORE M	EdiCAL CEN	ter SALI	SbuRy, Md.
220	BORIAL CREMATION, 226. DATE THEREOF PROVIDED SPECIFY 9/17/1958	PARSONS CEN	R CREMATORY 22 METERY	ALISOURU, N	ARULANO (State)
23. K	FUNERAL DIRECTOR'S SIGNATURE	LISOURY.	240. REC'D B	0 4 %	Thur S. Trave
	Brouge C. Theel &	11			

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10745

**CERTIFICATE OF DEATH** 

Pag Dist No

							Keg. Dist.	140.	
1. PLACE OF DEATH o. COUNTY	Wigomiaa	MARYI		STATE		d lived. If institution b. COUNTY			
h CITY OR TOWAL	Wicomico  If autside carporate limits, write	c. LENGTH OF STAY	151.75	CITY OR TOWN (IF	yland			omico	
RURAL and give n			I V			rore limits, write i	UKAL ONG GIV	e negresi id	ownj
	terville	Lifetin		Jester	ville				
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give str	eet oddress)	1	d. STREET ADDRESS				10	RESIDENCE LA FARM?
3. NAME OF DECEASED (Type or print)	First STEWART	Middle W .	W.	Lost RIGHT	4. DATE OF DEATH	Sept.	oth	Doy 10	Year 19 58
5. sex Male	6. COLOR OR RACE 7. M			TE OF BIRTH /4/1881		9, AGE (In years last birthdoy) 77 yrs.	Melniths D	YEAR IF UN	rs Min.
	ON (Give kind of work done 1 king life, even if retired)	Oyster to:		II. BIRTHPLACE (Stote Maryla)		ountry)		EN OF WH	AT COUNTRY
13. FATHER'S NAME	III QII	0,5001 00.	300	MOTHER'S MAIDEN					
Ste	wart Wright			Unknow					
	ER IN U. S. ARMED FORCES?	16 SOCIAL SECURITY NO	. 17. INFOR		AATT	Add	ress		
(Yes, no. or unknown)	[If yes, give wor or dates of service]	217-28-58		llieAnde:	rson,	Jester	7 10 50	Md.	
Canditians, if a gove rise to couse (o), stating lying couse last.	The unders DUE TO (c)	Carci	non	ra yn	p10	u		3%	76 t
PART II. OT	HER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEA	ATH BUT NOT	RELATED TO THE TERM	MINAL DISEAS	E CONDITION GI	VEN IN PART 1	PER	S AUTOPSY
200. ACCIDENT W OR CONTRIBUTING	AS UNDERLYING 20b. IS CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OF	CCURRED. (En	ter nature of injury in	Part I or Por	t II of item 18.)			
Y 20c. TIME OF INJUI Hour a. m. p. m.	W	d. INJURY OCCURRED nile Not while work 0 twork	20e. PLACE C factory.	DF INJURY (Home, for street, office bldg., et	m, 20f. (City	or town)	(Cou	unty)	(State)
21. I certify to alive on	hat I attended the dece		geath occ	1988, to fourred at 12 = 0 0.52		n the causes of the courses of the causes of the causes of the causes of the causes of the cause	and an the		ne deceased ated abave DATE SIGNES
220. BURIAL, CREMATIC REMOVAL (Specify		22c. NAME OF CEME	ETERY OR CRE	MATORY	22d. LOCA	TION City, town.	or county)	(5	tote)
Burial	9/14/58	Jesterv	ille	Cem.	Je	stervil	le. Ma	arvle	and
23. FUNERAL DIRECTO	'S SIGNATURE	ADDRESS			D BY REGIST		STRAR'S SIGN		
C.W. 1	V/ assert	Bivalve.	Marvl	and DATE S	EP 1 6 15	18 a	rthus S. 9	Trans	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 the funeral director, should be filed with may be retained by the hospital or attending physician.

TO FUNERAL CIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 she that he detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 of the registral prior to burial, cremation, or remared, and in any event within 72 hours after death.

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